

2017 Community Health Needs Assessment Report

Primary Service Area

Sponsored by

Butte-Silver Bow Health Department and St. James Healthcare

In Cooperation With

Southwest Montana Community Health Center

By:

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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2014, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the primary service area of St. James Healthcare. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of St. James Healthcare by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources.

Quantitative data input includes primary research (the PRC Community Health Survey) which allows for trending and comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through an Online Key Informant Survey.

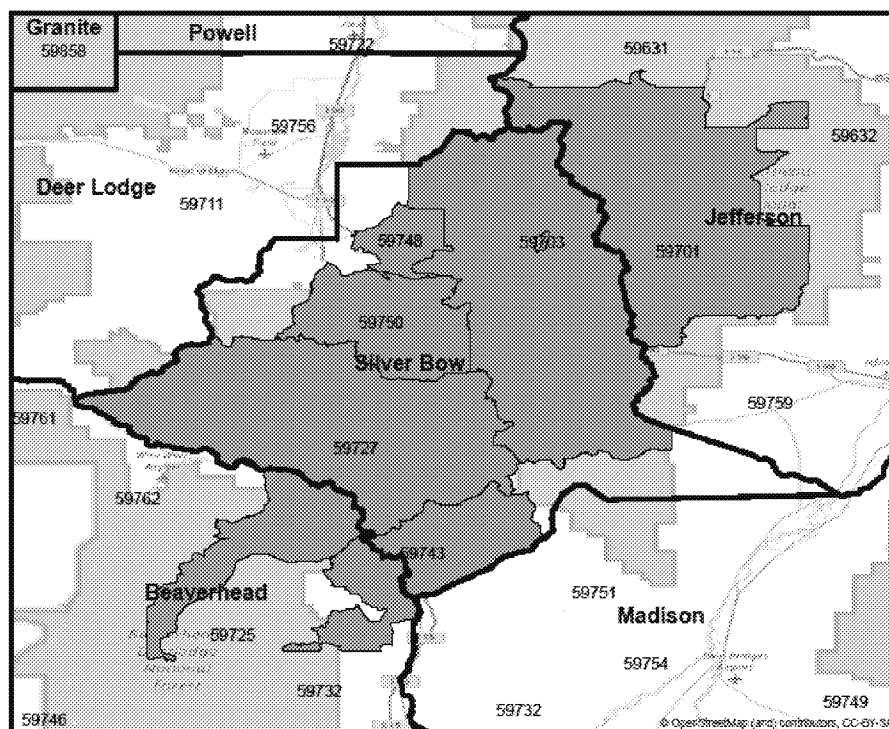
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by St. James Healthcare and PRC and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Primary Service Area” in this report) is defined as each of the residential ZIP Codes comprising the service area, including 59701, 59702, 59703, 59727, 59743, 59748, and 59750. This community definition, determined based on the ZIP Codes of residence of recent patients of St. James Healthcare, is illustrated in the following map.



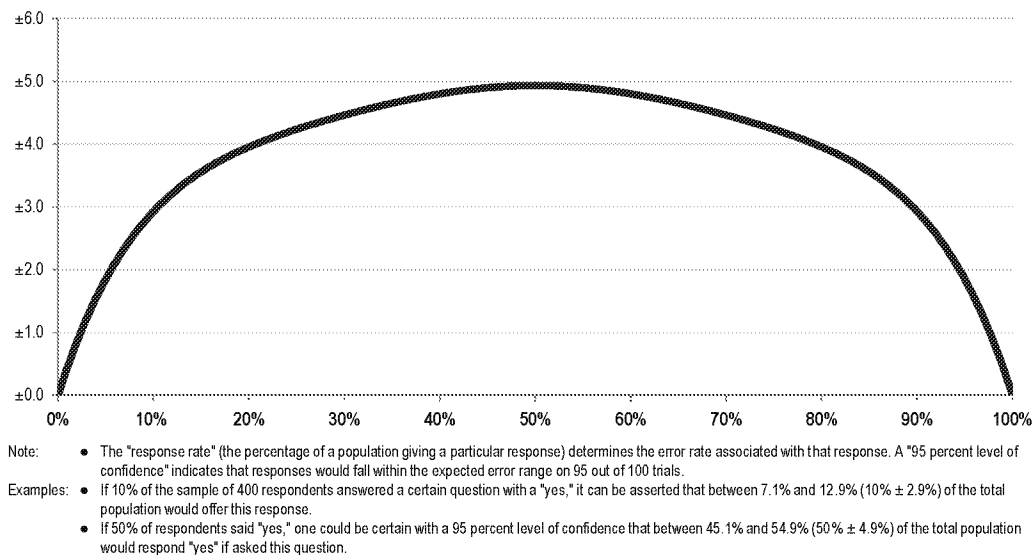
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 400 individuals age 18 and older in the Primary Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Primary Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is $\pm 4.9\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



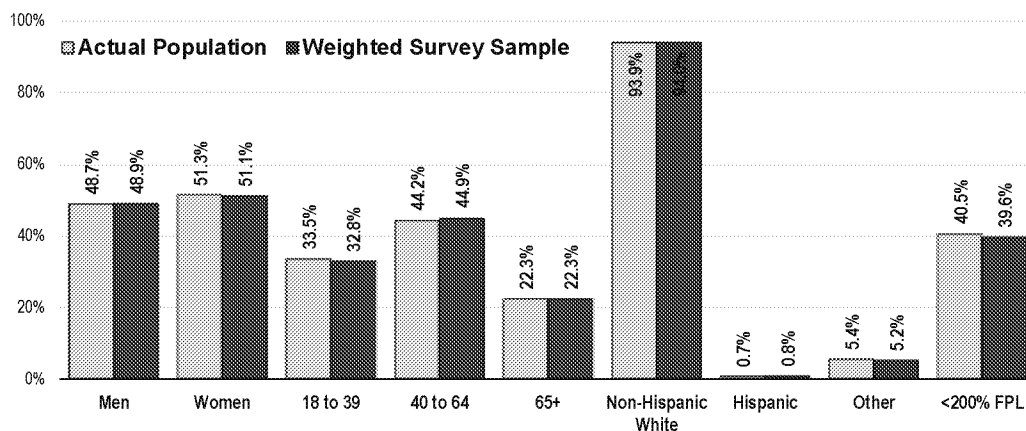
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely

gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Primary Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (Primary Service Area, 2017)



Sources:
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.
 • 2017 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2016 guidelines place the poverty threshold for a family of four at \$24,300 annual household income or lower). In sample segmentation: **“low income”** refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; **“mid/high income”** refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by St. James Healthcare; this list included names and contact information for physicians, public health representatives, other health providers, social services providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 126 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physician	26	15
Public Health Representative	3	2
Other Health Provider	45	19
Social Services Provider	52	32
Community Leader	96	58

Final participation included representatives of the organizations outlined below.

- A Plus Health Care
- Action Inc.
- Adult Protective Services
- AWARE, Inc.
- Belmont Senior Center
- Big Brothers Big Sisters of Butte Silver Bow
- Butte 4Cs
- Butte Cares Inc.
- Butte Central High School
- Butte Dentistry
- Butte Emergency Food Bank
- Butte High School
- Butte Local Development Corporation
- Butte School District
- Butte Silver Bow Board of Health
- Butte Silver Bow Community Development
- Butte Silver Bow Community Enrichment
- Butte Silver Bow County
- Butte Silver Bow County Attorney's Office
- Butte Silver Bow County Commissioner
- Butte Silver Bow Health Department
- Butte Silver Bow Law Enforcement Department

- Butte Silver Bow Local Government
- Butte Silver Bow Parks and Recreation
- Career Futures, Inc.
- Children and Family Relationship Counseling, PLLC
- Community, Counseling and Correctional Services, Inc.
- Frontier Home Health and Hospice
- Habitat for Humanity of Southwest Montana
- Highlands College
- Mercury Street Medical
- Montana Independent Living Project
- Montana Orthopedics
- Montana State Hospital (MSH)
- Montana Tech
- Montana VA
- National Center for Health Care Informatics
- NorthWestern Energy
- Public Housing Authority of Butte
- Second Judicial District Courts
- Silver Bow Butte Kiwanis
- Sound Physicians
- Southwest Montana Aging and Disability Services
- Southwest Montana Community Health Center
- St. Ann's Catholic Church
- St. James Healthcare
- United Congregational Church
- United Way of Butte and Anaconda
- West Elementary Butte Public Schools
- Western Montana Mental Health Center

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority/medically underserved populations represented:

African-Americans, behavioral health patients, cancer patients, children, co-occurring diagnoses, disabled, elderly, Filipinos, foreign students, Hepatitis C patients, Hispanics, HIV patients, homeless, immigrants, insured with high deductibles, lack of transportation, LGBT, low income, Medicare/Medicaid, Native Americans, non-Caucasians, offenders in pre-release program, rural, single parents, substance abusers, teen parents, teens, uninsured/underinsured, women

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are not necessarily based on fact.

Benchmark Data

Trending

A similar survey was administered in the Primary Service Area in 2014 by PRC on behalf of St. James Healthcare, in cooperation with the Butte-Silver Bow Public Health Department and Southwest Montana Community Health Center. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

Montana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2015 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2016)		See Report Page
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>		8
Part V Section B Line 3b <i>Demographics of the community</i>		33
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>		193
Part V Section B Line 3d <i>How data was obtained</i>		8
Part V Section B Line 3e <i>The significant health needs of the community</i>		16
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>		Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>		17
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>		11
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>		199

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ◦ Appointment Availability ◦ Finding a Physician • Ratings of Local Healthcare
Cancer	<ul style="list-style-type: none"> • Female Breast Cancer Screening • Cervical Cancer Screening • Colorectal Cancer Screening
Injury & Violence	<ul style="list-style-type: none"> • Falls [Age 45+] • Firearm Prevalence <ul style="list-style-type: none"> ◦ Including in Homes With Children • Domestic Violence Experience
Mental Health	<ul style="list-style-type: none"> • Diagnosed Depression • Mental Health Treatment • Mental Health ranked as a top concern in the Online Key Informant Survey.
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Arthritis Prevalence [Age 50+] • Sciatica/Back Pain Prevalence • Deafness/Hearing Trouble

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Areas of Opportunity (continued)	
Substance Abuse	<ul style="list-style-type: none"> • Negatively Affected by Substance Abuse (Self or Other's) • Substance Abuse ranked as a top concern in the Online Key Informant Survey.
Tobacco Use	<ul style="list-style-type: none"> • Smokeless Tobacco Prevalence • Tobacco Use ranked as a top concern in the Online Key Informant Survey.

Community Feedback on Prioritization of Health Needs

On June 27, 2017, St. James Healthcare and Butte-Silver Bow Health Department convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions; participants were then provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

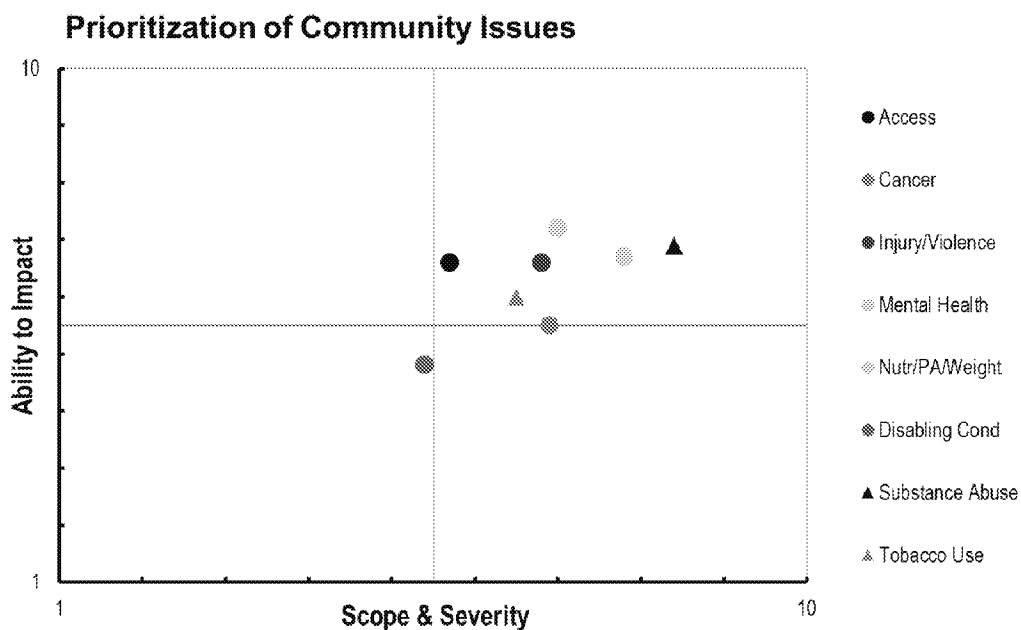
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Injury & Violence
5. Tobacco Use
6. Cancer
7. Access to Healthcare Services
8. Potentially Disabling Conditions

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



Hospital Implementation Strategy

St. James Healthcare will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Primary Service Area, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Primary Service Area results are shown in the larger, blue column.

■ The columns to the right of the Primary Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the Primary Service Area compares favorably (☺), unfavorably (☹), or comparably (☐) to these external data.





Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.











TREND SUMMARY














(Current vs. Baseline Data)



































Survey Data Indicators:











Trends for survey-derived indicators represent significant changes since 2014. Note that survey data reflect the ZIP Code-defined Primary Service Area.






















Social Determinants	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Worry/Stress Over Rent/Mortgage in Past Year	24.7		 31.6		
 better  similar  worse					







Overall Health	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	20.5	 15.1	 18.3		 22.3
% Activity Limitations	25.2	 23.9	 20.0		 31.5
% Caregiver to a Friend/Family Member	20.3		 20.9		
 better  similar  worse					

Access to Health Services	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	10.3	 15.1	 10.1	 0.0	 15.6
% [Insured 18-64] Have Coverage Through ACA	20.3		 14.9		
% Difficulty Accessing Healthcare in Past Year (Composite)	37.1		 35.0		 39.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	10.0		 14.4		 9.1
% Cost Prevented Getting Prescription in Past Year	12.4		 9.5		 13.3
% Cost Prevented Physician Visit in Past Year	11.7		 11.5		 18.8





Access to Health Services (continued)	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Difficulty Getting Appointment in Past Year	17.4		 15.4		 11.3
% Difficulty Finding Physician in Past Year	12.9		 8.7		 10.2
% Transportation Hindered Dr Visit in Past Year	5.2		 5.0		 7.8
% Language/Culture Prevented Care in Past Year	0.0		 1.7		
% Skipped Prescription Doses to Save Costs	11.6		 10.2		 11.6
% Difficulty Getting Child's Healthcare in Past Year	1.9		 3.9		 3.5
% Have Completed Advance Directive Documents	29.3		 33.7		
% Low Health Literacy	17.4		 23.3		
% [Age 18+] Have a Specific Source of Ongoing Care	73.0		 74.0	 95.0	 78.0
% [Age 18-64] Have a Specific Source of Ongoing Care	70.6		 73.1	 89.4	 77.3
% [Age 65+] Have a Specific Source of Ongoing Care	80.1		 76.8	 100.0	 80.5
% Have Had Routine Checkup in Past Year	67.2	 62.9	 70.5		 64.2
% Child Has Had Checkup in Past Year	94.1		 89.3		 64.2
% Two or More ER Visits in Past Year	7.0		 8.5		 3.9
% Rate Local Healthcare "Fair/Poor"	21.1		 14.2		 25.4
		 better	 similar	 worse	

Arthritis, Osteoporosis & Chronic Back Conditions	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	41.5		 32.0		 44.1
% [50+] Osteoporosis	13.1		 8.7	 5.3	 13.4
% Sciatica/Chronic Back Pain	25.5		 19.4		 27.8
		 better	 similar	 worse	












Cancer	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Skin Cancer	5.3	 7.7	 7.7		 4.8
% Cancer (Other Than Skin)	7.4	 7.9	 7.7		 7.2
% [Women 50-74] Mammogram in Past 2 Years	62.6	 73.0	 80.3	 81.1	 63.7
% [Women 21-65] Pap Smear in Past 3 Years	69.1	 81.3	 84.8	 93.0	 75.8
% [Age 50-75] Colorectal Cancer Screening	63.8	 62.4	 74.5	 70.5	 55.0
		 better	 similar	 worse	

Chronic Kidney Disease	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Kidney Disease	4.2	 2.5	 3.6		 3.0
		 better	 similar	 worse	






Dementias, Including Alzheimer's Disease














	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	14.7		 12.8		
<div>  better  similar  worse </div>					






Diabetes


















	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Diabetes/High Blood Sugar	10.3	 7.9	 14.5		 11.2
% Borderline/Pre-Diabetes	8.4	 1.5	 5.7		 10.7
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	50.0		 55.1		 52.3
<div>  better  similar  worse </div>					
















Hearing & Other Sensory or Communication Disorders


















	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	14.7		 8.6		 19.3
<div>  better  similar  worse </div>					











Heart Disease & Stroke	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.8		 6.9		 7.8
% Stroke	4.2	 2.7	 2.6		 4.4
% Blood Pressure Checked in Past 2 Years	93.2		 93.6	 92.6	 95.3
% Told Have High Blood Pressure (Ever)	34.6	 29.1	 36.5	 26.9	 44.7
% [HBP] Taking Action to Control High Blood Pressure	94.3		 92.5		 89.0
% Cholesterol Checked in Past 5 Years	86.7	 74.6	 87.4	 82.1	 86.8
% Told Have High Cholesterol (Ever)	30.0		 33.5	 13.5	 37.7
% [HBC] Taking Action to Control High Blood Cholesterol	89.2		 84.2		 85.3
% 1+ Cardiovascular Risk Factor	83.8		 83.0		 89.8
		 better	 similar	 worse	




























HIV	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% [Age 18-44] HIV Test in the Past Year	20.5		 21.3		 17.4
		 better	 similar	 worse	













Immunization & Infectious Diseases	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year	45.8	 61.4	 58.9	 70.0	 62.9
% [High-Risk 18-64] Flu Vaccine in Past Year	46.3		 48.0	 70.0	 49.6
% [Age 65+] Pneumonia Vaccine Ever	78.6	 72.5	 76.3	 90.0	 72.4
% [High-Risk 18-64] Pneumonia Vaccine Ever	58.4		 38.7	 60.0	 37.5
		 better	 similar	 worse	












Injury & Violence Prevention	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% [Age 45+] Fell in the Past Year	36.0		 28.2		
% Firearm in Home	56.6		 33.8		 55.5
% [Homes With Children] Firearm in Home	60.3		 31.0		 71.4
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	14.7		 20.4		 17.3
% Perceive Neighborhood as "Slightly/Not At All Safe"	16.7		 15.3		
% Victim of Violent Crime in Past 5 Years	3.6		 2.3		 1.7
% Victim of Domestic Violence (Ever)	22.1		 15.1		 12.4
		 better	 similar	 worse	








Mental Health & Mental Disorders	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	14.7		 15.5		 14.9
% Diagnosed Depression	24.2	 19.9	 17.9		 23.3
% Symptoms of Chronic Depression (2+ Years)	30.5		 29.9		 34.1
% Have Ever Sought Help for Mental Health	35.9		 27.4		 27.5
% Taking Rx/Receiving Mental Health Trtmt	20.3		 13.6		
% Unable to Get Mental Health Svcs in Past Yr	2.8		 4.4		
% Typical Day Is "Extremely/Very" Stressful	11.0		 11.7		 11.9
% Average <7 Hours of Sleep per Night	39.7		 39.5		
		 better	 similar	 worse	



















Nutrition, Physical Activity & Weight	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	26.9		 27.4		 34.6
% "Very/Somewhat" Difficult to Buy Fresh Produce	26.0		 21.9		 31.8
% Food Insecure	23.0		 25.9		
% 7+ Sugar-Sweetened Drinks in Past Week	26.2		 30.2		
% Healthy Weight (BMI 18.5-24.9)	30.2	 37.3	 32.9	 33.9	 31.6

















Nutrition, Physical Activity & Weight (continued)	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Overweight (BMI 25+)	68.3	 61.0	 65.2		 67.1
% Obese (BMI 30+)	34.4	 23.6	 33.4	 30.5	 31.6
% Medical Advice on Weight in Past Year	17.3		 20.4		 21.0
% [Overweights] Counseled About Weight in Past Year	22.6		 27.1		 26.7
% [Obese Adults] Counseled About Weight in Past Year	31.5		 40.8		 42.3
% [Overweights] Trying to Lose Weight	58.9		 57.0		 38.9
% Children [Age 5-17] Overweight (85th Percentile)	34.7		 24.2		 25.6
% Children [Age 5-17] Obese (95th Percentile)	17.5		 9.5	 14.5	 15.7
% No Leisure-Time Physical Activity	25.6	 22.5	 27.9	 32.6	 21.6
% Meeting Physical Activity Guidelines	27.5	 24.5	 23.6	 20.1	
% Child [Age 2-17] Physically Active 1+ Hours per Day	57.2		 47.9		 46.3
		 better	 similar	 worse	

Oral Health	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	76.0	 62.6	 67.2	 49.0	 65.4
% Child [Age 2-17] Dental Visit in Past Year	92.9		 90.7	 49.0	 85.7
% Have Dental Insurance	69.2		 66.5		 62.6
		 better	 similar	 worse	








Respiratory Diseases	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% COPD (Lung Disease)	12.9	 5.7	 9.5		 12.6
% [Adult] Currently Has Asthma	12.2	 8.9	 9.5		 10.9
% [Child 0-17] Currently Has Asthma	9.9		 6.5		 4.6
		 better	 similar	 worse	

Sexually Transmitted Diseases	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	8.2		 10.3		 14.8
% [Unmarried 18-64] Using Condoms	32.5		 44.5		 28.3
		 better	 similar	 worse	









Substance Abuse	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Current Drinker	60.3	 58.0	 59.7		 54.5
% Excessive Drinker	21.4		 22.2	 25.4	 26.1
% Drinking & Driving in Past Month	5.3	 4.1	 4.1		 3.0
% Illicit Drug Use in Past Month	2.2		 3.0	 7.1	 2.9
% Ever Sought Help for Alcohol or Drug Problem	4.6		 4.1		 3.4
% Life Negatively Affected by Substance Abuse	47.3		 32.2		
		 better	 similar	 worse	

Tobacco Use	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Current Smoker	12.4	 18.9	 14.0	 12.0	 20.9
% Someone Smokes at Home	9.1		 10.2		 16.0
% [Nonsmokers] Someone Smokes in the Home	4.3		 3.9		 4.7
% [Household With Children] Someone Smokes in the Home	7.4		 10.2		 17.9
% [Smokers] Received Advice to Quit Smoking	70.6		 76.0		 76.5
% Currently Use Electronic Cigarettes	1.4		 3.8		
% Smoke Cigars	2.6		 3.6	 0.2	 5.7

Tobacco Use (continued)

	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Use Smokeless Tobacco	6.2	 8.2	 3.0	 0.3	 7.9
		 better	 similar	 worse	

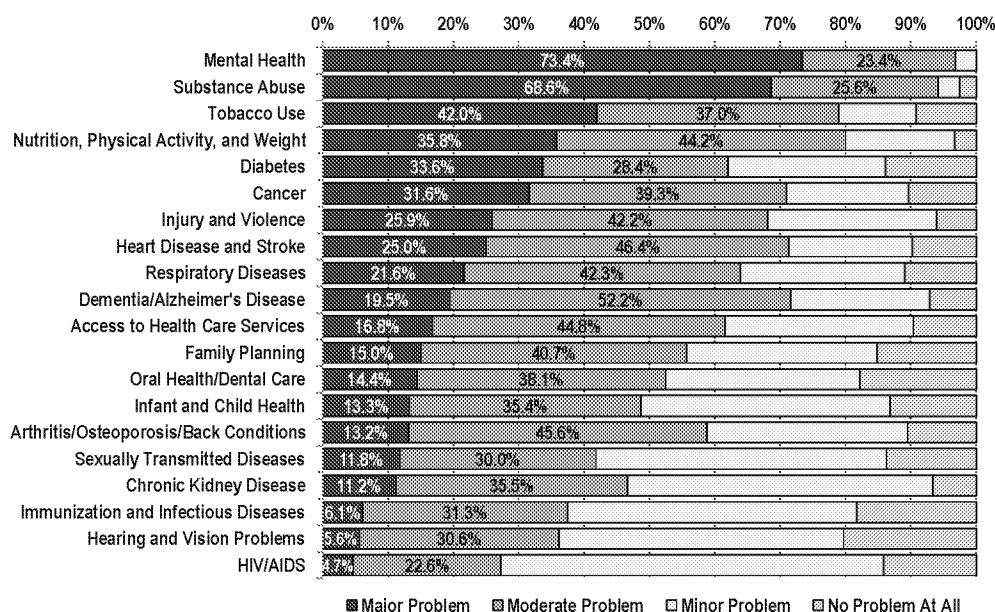
Vision

	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. MT	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	8.9	 3.6	 7.3		 9.2
% Eye Exam in Past 2 Years	58.1		 59.3		 59.3
		 better	 similar	 worse	

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem” or “no problem at all.” The following chart summarizes their responses; these findings are also outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment, but rather are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



Professional Research Consultants, Inc.

Social Determinants of Health

About Social Determinants

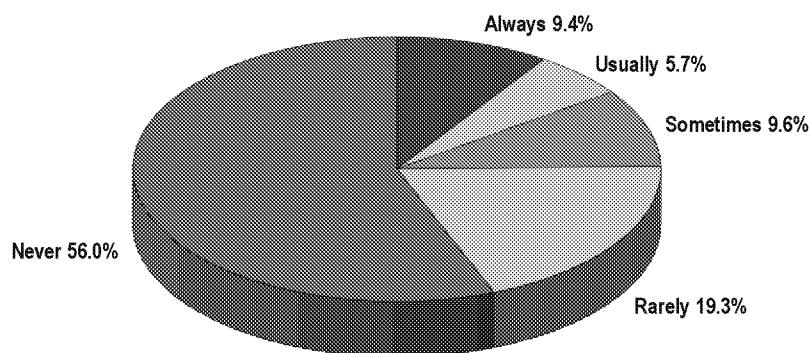
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (24.7%) do, reporting that they were “sometimes,” “usually” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

**Frequency of Worry or Stress
Over Paying Rent/Mortgage in the Past Year**
(Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: • Asked of all respondents.

NOTE:

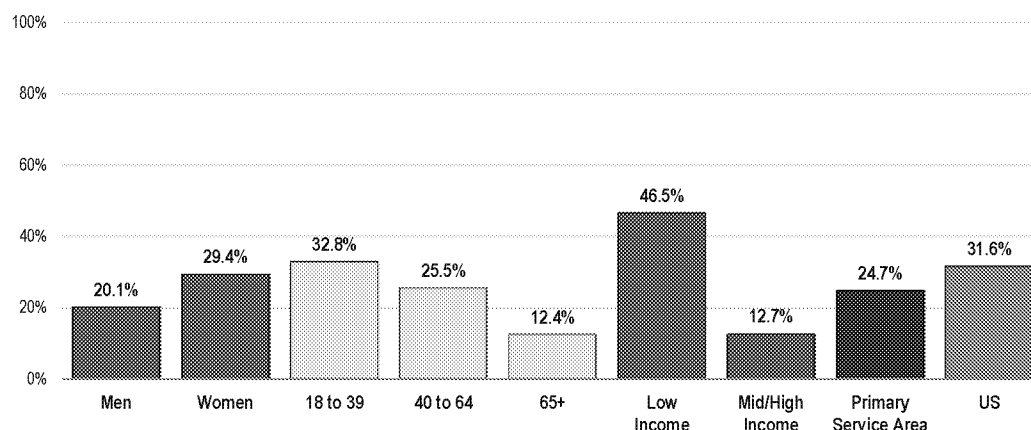
Differences noted in the text represent significant differences determined through statistical testing.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

- Compared to the US prevalence, the Primary Service Area proportion of adults who worried about paying for rent or mortgage in the past year is more favorable.
- Adults more likely to report housing insecurity include women, adults under age 65, and especially residents living at lower incomes.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Primary Service Area, 2017)

Charts throughout this report (such as that here) detail survey findings among key demographic groups -- namely by gender, age groupings, and income (based on poverty status)



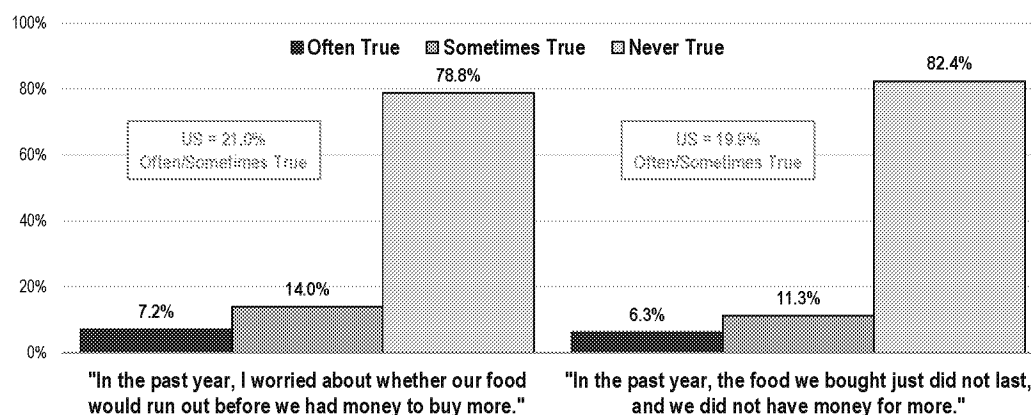
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

In the past year, 21.2% of Primary Service Area adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

A total of 17.6% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.

Food Insecurity (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 104-105]
 Notes: • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Reflects the total sample of respondents.

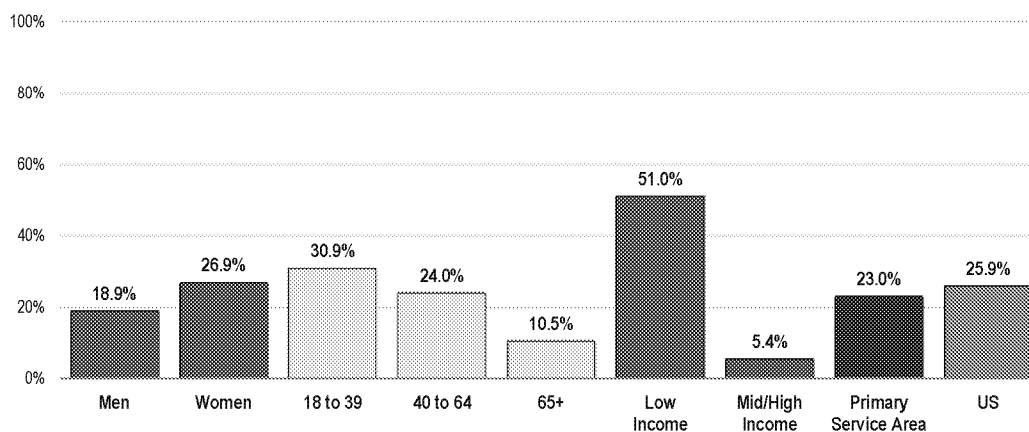
Overall, 23.0% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

- Compared to US data, food insecurity in the Primary Service Area is statistically similar.

Adults more likely affected by food insecurity include:

- Adults under age 65.
- Residents living at lower incomes (note that more than one-half of low-income residents are food insecure).
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Food Insecurity
(Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

Nearly one-half (49.9%) of Primary Service Area adults rate their overall health as “excellent” or “very good.”

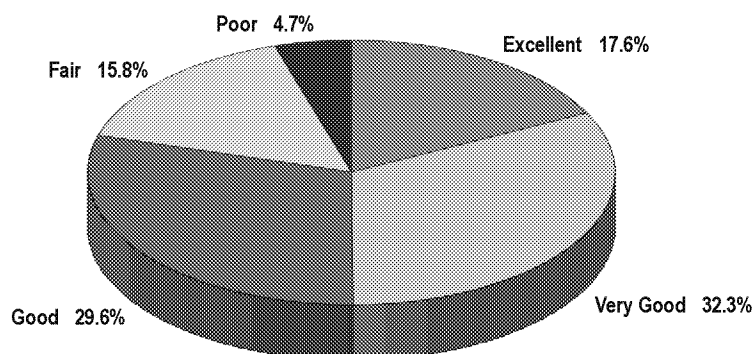
- Another 29.6% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair or poor?”

Self-Reported Health Status

(Primary Service Area, 2017)

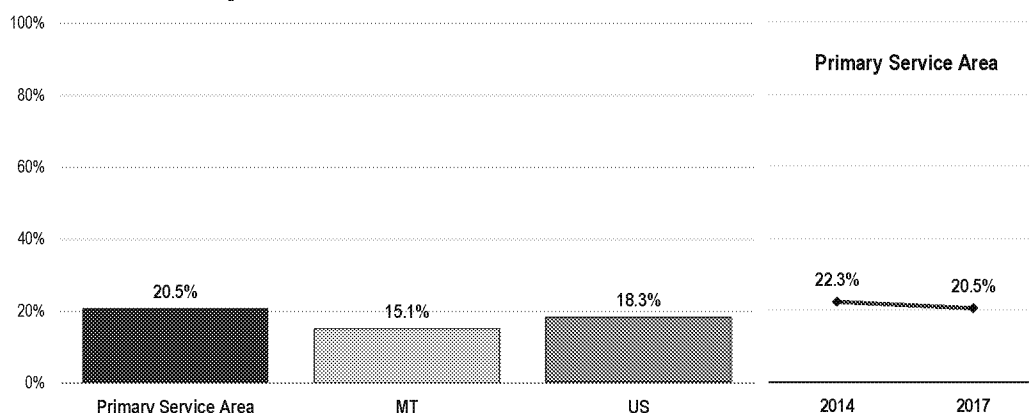


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 20.5% of Primary Service Area adults believe that their overall health is “fair” or “poor.”

- Worse than statewide findings.
- Similar to national findings.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.

Experience “Fair” or “Poor” Overall Health



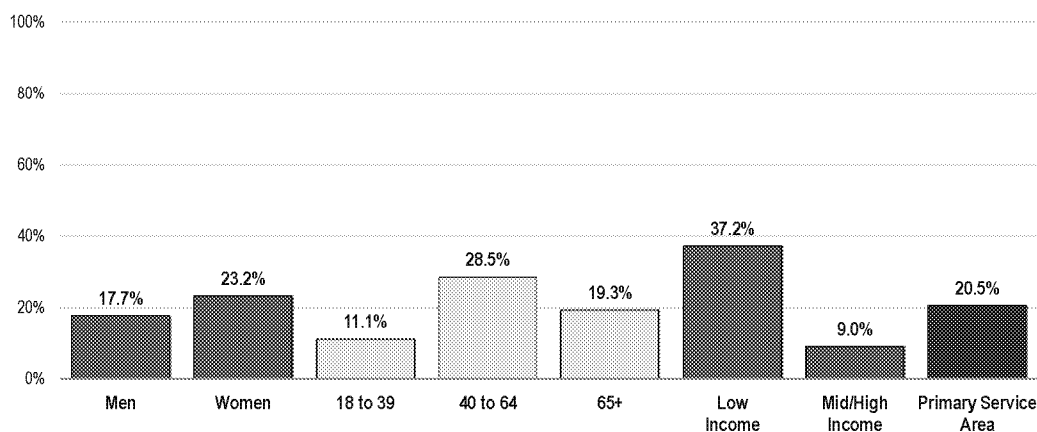
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Those age 40 to 64.
- Lower-income.

Experience “Fair” or “Poor” Overall Health (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities.

The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

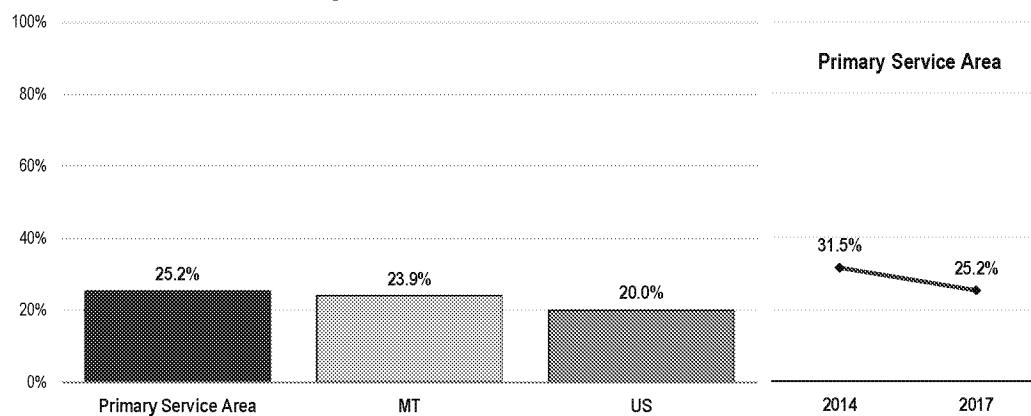
A total of 25.2% of Primary Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

RELATED ISSUE:

See also
Potentially Disabling Conditions
in the *Death, Disease &
Chronic Conditions* section of
this report.

- Similar to the prevalence statewide.
- Less favorable than the national prevalence.
- TREND: Marks a statistically significant decrease in activity limitations since 2014.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



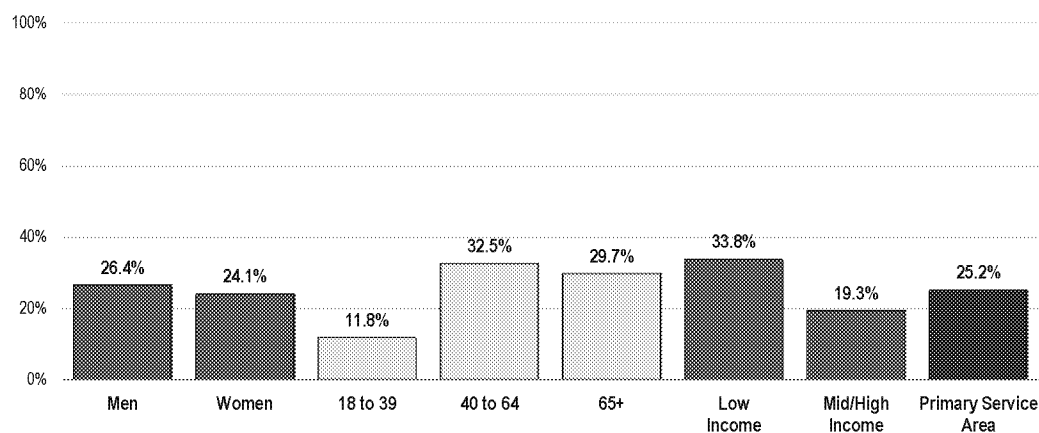
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Adults age 40 and older.
- Residents living at lower incomes.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Primary Service Area, 2017)

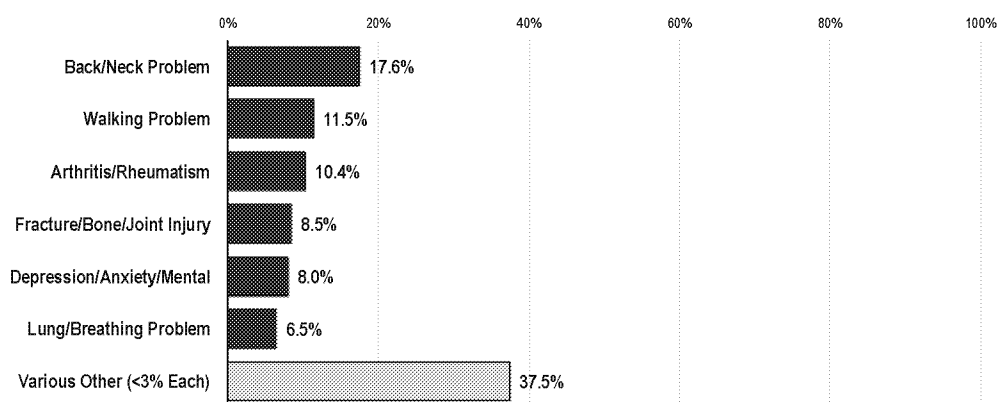


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, difficulty walking, arthritis/ rheumatism, or fractures or bone/joint injuries.

Other limitations noted with some frequency include those related to mental health (depression, anxiety) and lung or breathing problems.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of those respondents reporting activity limitations.

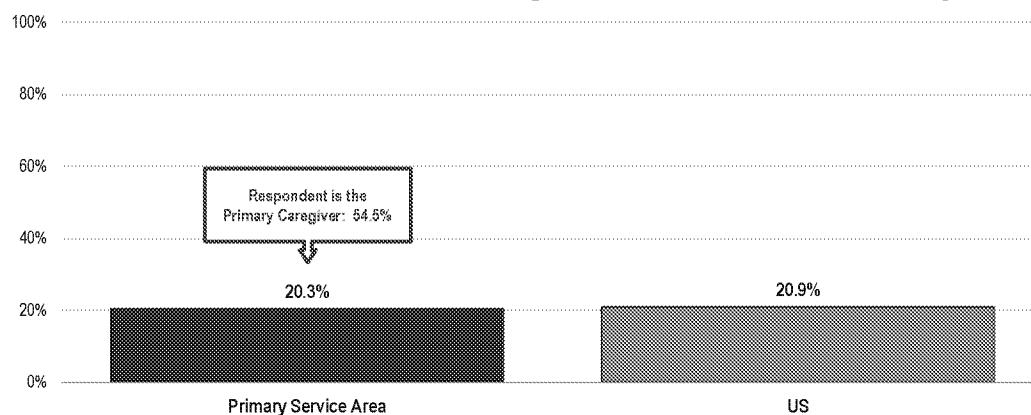
Caregiving

A total of 20.3% of Primary Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

♦ Similar to the national finding.

Of these adults, 54.5% are the **primary** caregiver for the individual receiving care.

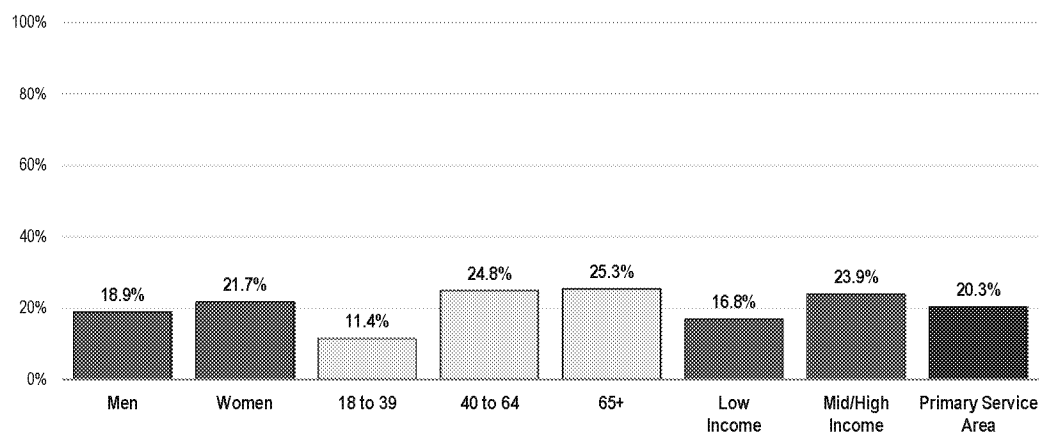
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130-131]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- The prevalence of caregivers in the community is notably higher among adults age 40 and older.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

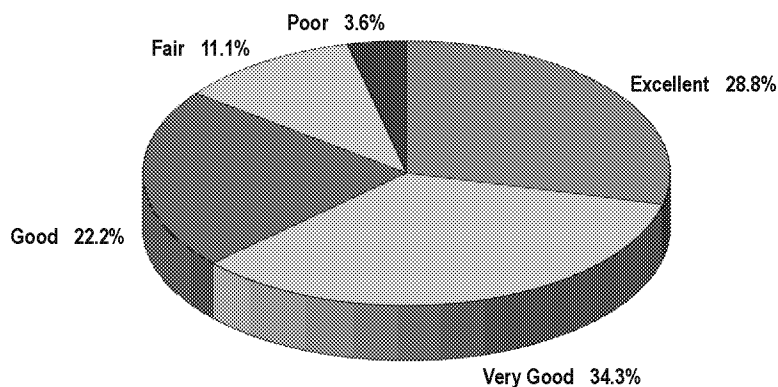
- Healthy People 2020 (www.healthypeople.gov)

Evaluation of Mental Health Status

A total of 63.1% of Primary Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 22.2% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status (Primary Service Area, 2017)

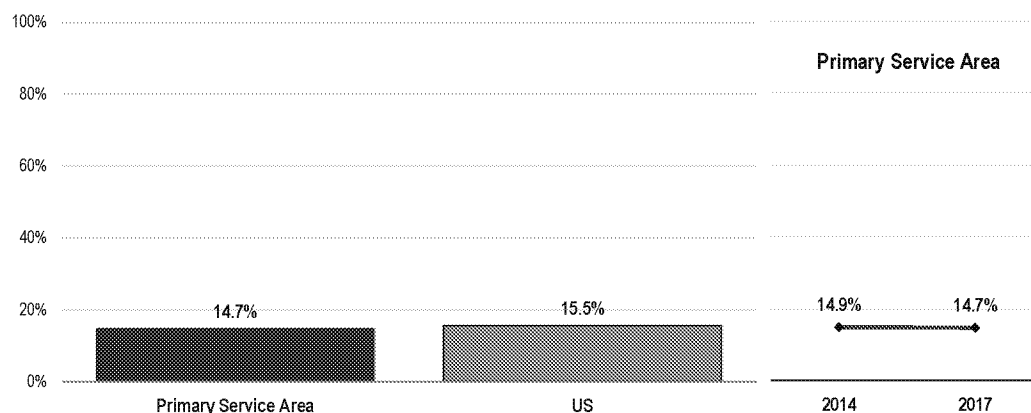


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: • Asked of all respondents.

A total of 14.7% of Primary Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- TREND: Statistically unchanged since 2014.

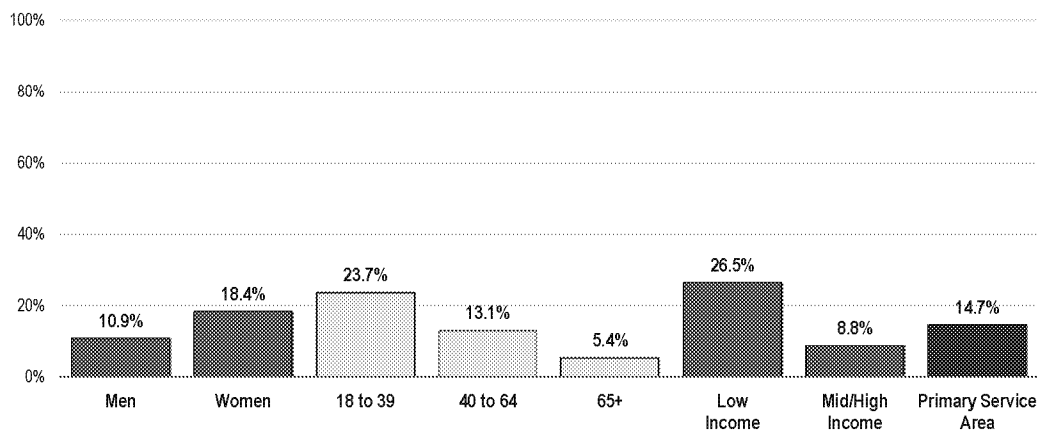
Experience “Fair” or “Poor” Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note the negative correlation between poor mental health and age.
- Women and community members living at low incomes are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

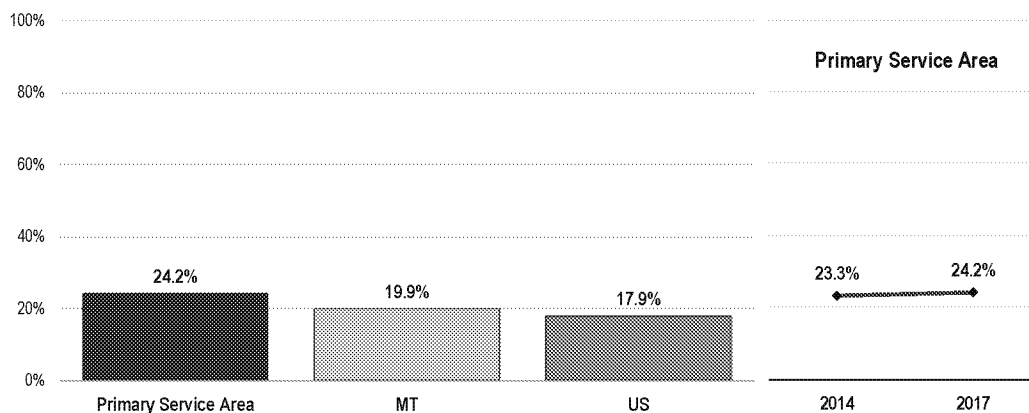
Depression

Diagnosed Depression

A total of 24.2% of Primary Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Statistically similar to the statewide finding.
- Higher than the national finding.
- TREND: Statistically unchanged over time.

Have Been Diagnosed With a Depressive Disorder



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 119]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

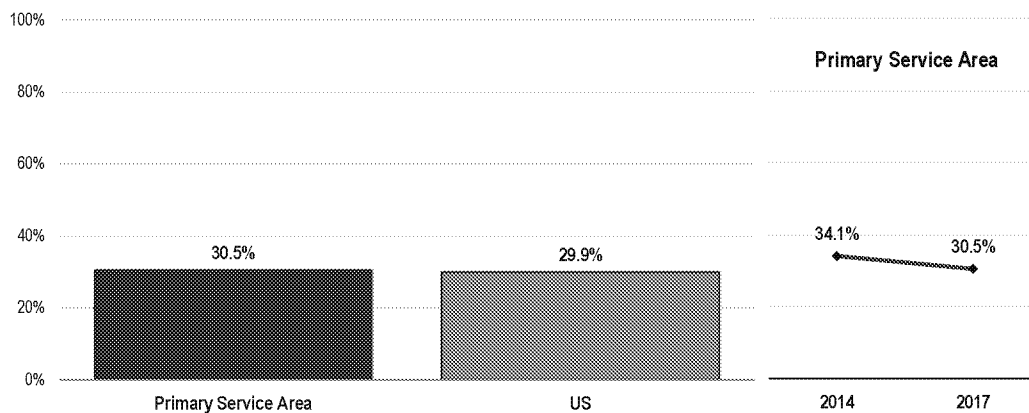
Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 30.5% of Primary Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Similar to national findings.
- TREND: Statistically similar to the prevalence in 2014.

Have Experienced Symptoms of Chronic Depression



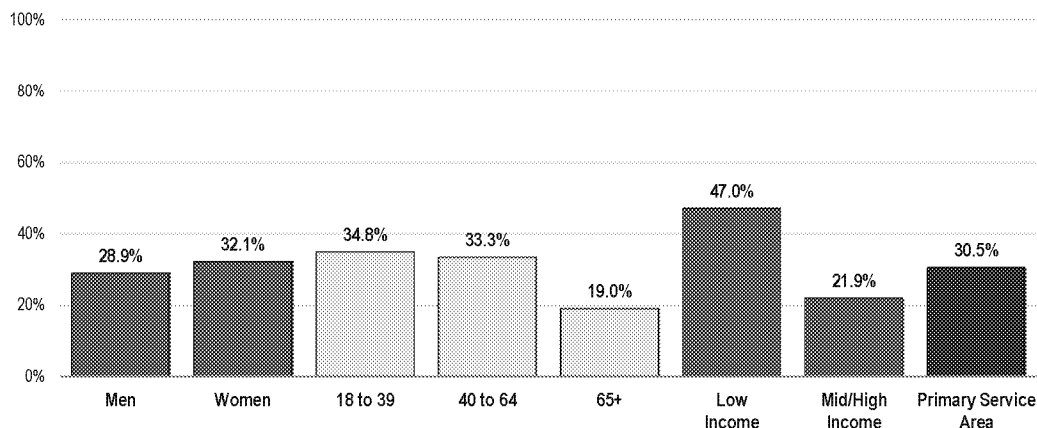
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 117]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Adults under age 65.
- Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

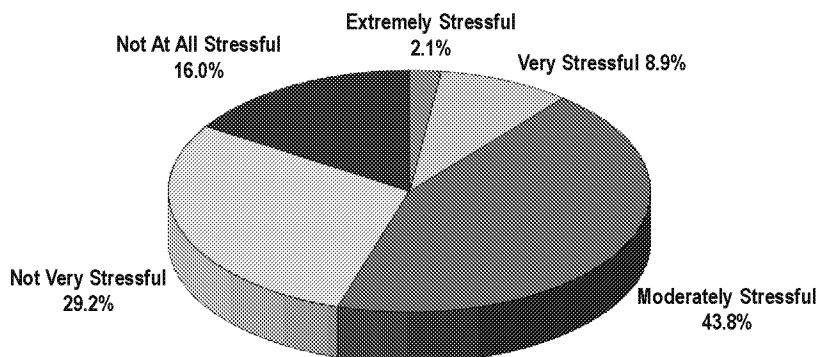
Nearly one-half of Primary Service Area adults consider their typical day to be "not very stressful" (29.2%) or "not at all stressful" (16.0%).

RELATED ISSUE:

See also *Substance Abuse* in the *Modifiable Health Risks* section of this report

- Another 43.8% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day (Primary Service Area, 2017)



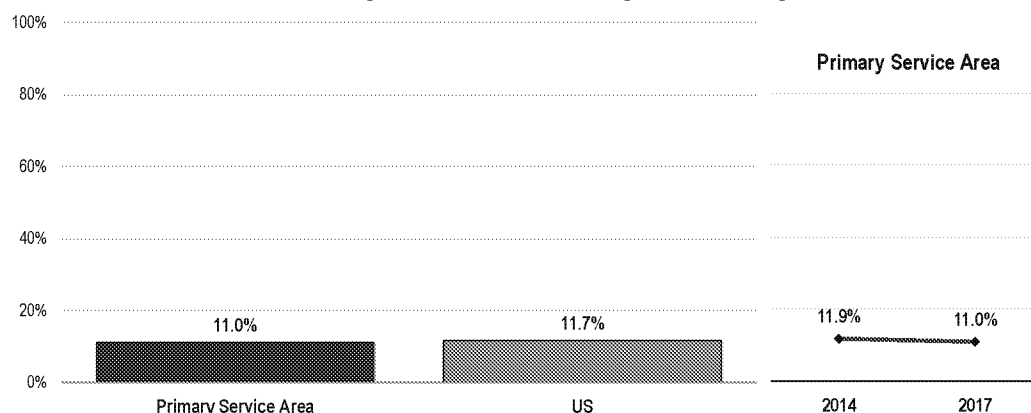
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes: • Asked of all respondents.

In contrast, 11.0% of Primary Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to national findings.
- TREND: Comparable to the 2014 findings.

Perceive Most Days As “Extremely” or “Very” Stressful

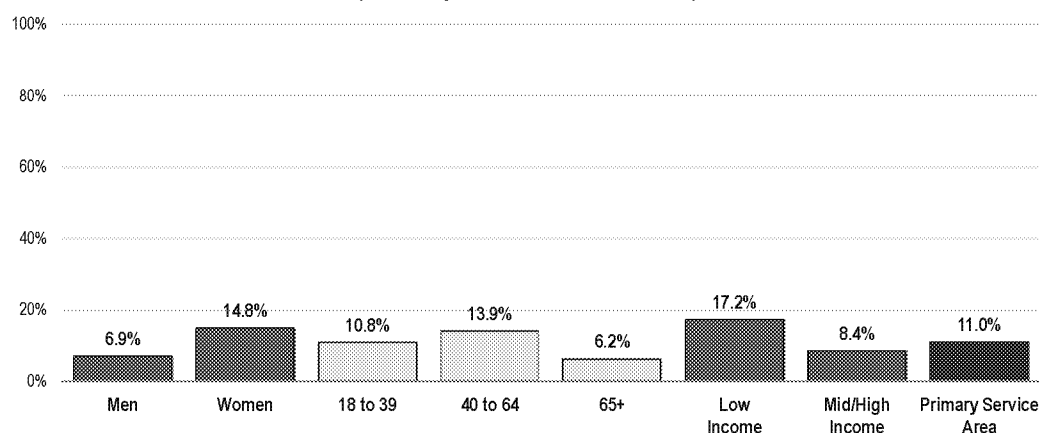


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 118]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Note that high stress levels are more prevalent among women, adults age 40 to 64, and low-income residents.

Perceive Most Days as “Extremely” or “Very” Stressful (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

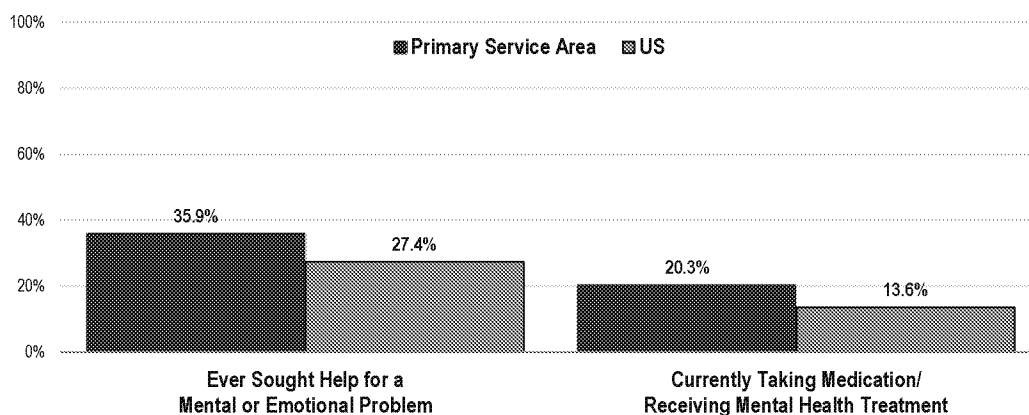
Mental Health Treatment

A total of 35.9% of Primary Service Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 20.3% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Compared to national findings, the primary service area has a higher rate of adults seeking mental or emotional help, as well as a higher rate of adults currently receiving treatment or medication for their mental health.

Mental Health Treatment



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

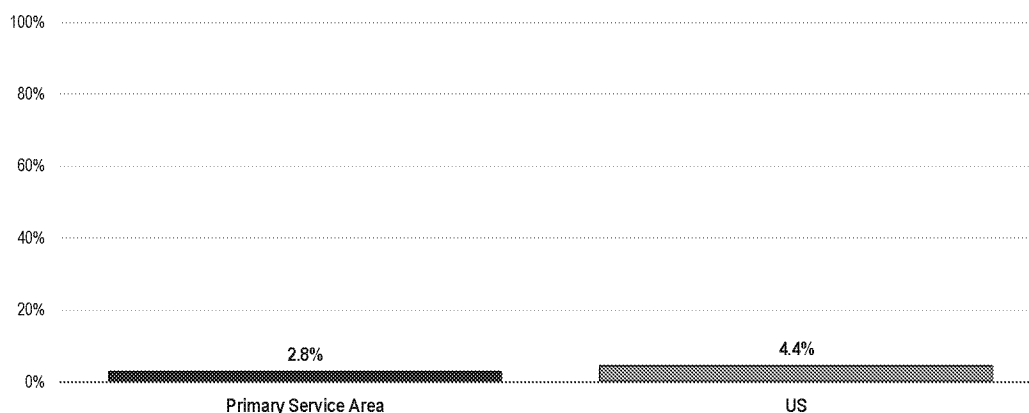
Notes: • Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 2.8% of Primary Service Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.

Unable to Get Mental Health Services When Needed in the Past Year



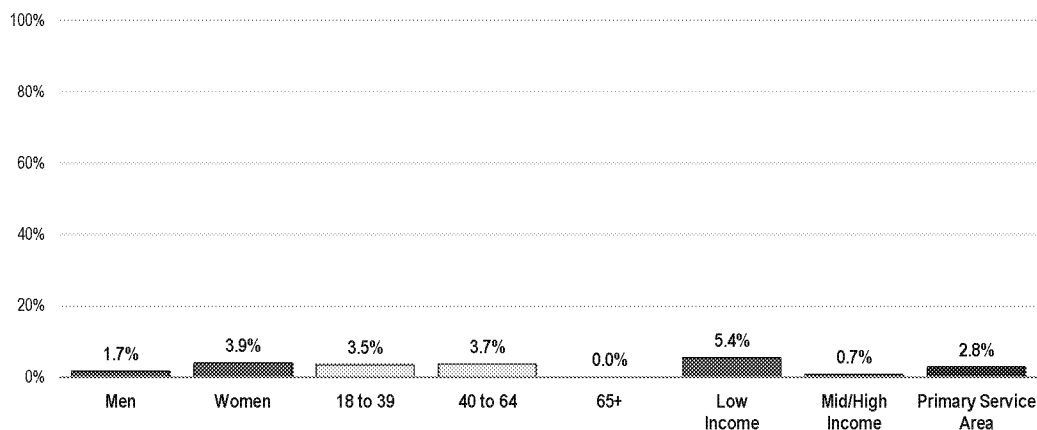
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Note that access difficulty is notably more prevalent among:

- Adults between the ages of 40 and 64.
- Adults with lower incomes.

Unable to Get Mental Health Services When Needed in the Past Year (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

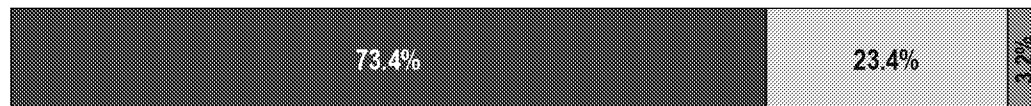
Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **accessibility issues**.

Key Informant Input: Mental Health

Nearly three-fourths of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2017)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

Not enough services available and not enough beds for those needing inpatient care. There still seems to be a stigma attached to mental illness, which may prevent some from acknowledging they need help. - Community Leader

Finding adequate resources to help them. Or knowing how to seek help or refer someone for help. Having to go to the Emergency Room in order to get help or a referral seems cumbersome. - Community Leader

The community seriously lacks mental health services. Western Montana Mental Health is unable to provide services for all the people that need help and primary care is overwhelmed. As a result, patients with mental health issues end up in the ER. - Other Health Provider

People with mental health issues often have a long wait to receive services from Western Montana Mental Health. If people with mental health issues are unwilling to ask for help, they are often homeless and can be perceived as a danger to other people. - Social Services Provider

We have too many people with mental health issues walking the street with little or no help available. Our suicide rate is through the roof, which is a huge concern in the community. - Community Leader

Access to care. We have a limited number of psychiatrists and other prescribing mental health providers in our community. - Other Health Provider

The ability to get good care, either by a doctor or in a long-term care facility. - Social Services Provider

Need more services to treat the population. - Community Leader

Lack of appropriate services. Not everyone qualifies for services. Lack of quality counselors/therapists/psychiatrists and other outlets. - Social Services Provider

Lack of access to medication prescriber. Funding continues to be cut. Growing number of mentally ill people, and no services or resources to help them. - Social Services Provider

Getting resources to help them. - Other Health Provider

Access to psychiatry, stigma to getting services, waiting lists for mental health providers, and lack of PCP understanding. - Social Services Provider

Lack of services and ability to pay for mental health services. - Community Leader

Access to mental health care facilities. - Community Leader

Lack of psychiatric services - Other Health Provider

Shortages of services, not enough social workers in the schools who are trained in mental health, - Community Leader

Sheer numbers of people versus the services or access to services seems challenging. - Community Leader

Access to specialty services such as psychiatry and outpatient therapy services as well as crisis stabilization homes. - Social Services Provider

Availability, good effective mental health. - Social Services Provider

Availability of resources for help. - Social Services Provider

Lack of adequate and available services/providers. - Community Leader

Access to services. - Social Services Provider

The case managers are important and needed for a lot of individuals. Sometimes they seem to fall short in taking care of their clients. Oftentimes dropped off and not picked up until later. - Social Services Provider

I see a lack of coordination among those trying to provide mental health services. Many people have small amounts of funding to address these issues, but it is not enough to reach a meaningful impact. - Social Services Provider

Lack of Providers

There is a lack of providers in this community. Wait times can be up to 6 weeks for a provider visit with a psychiatrist or therapist. There is a lack of community education on mental health issues particular to our community. - Other Health Provider

Very few therapists and mental health professionals to meet the overwhelming needs of clients that do not have insurance or can't afford appropriate care. Many do not have ability to afford medications. Others do not have appropriate follow-up. - Social Services Provider

There are not enough professionals to care for these folks. MSH is overcrowded. They need extensive case management. Many suffer CD issues as well. Those services are limited. - Other Health Provider

There is a lack of services available to them, as there aren't a lot of trained and qualified professionals in this community. Also, there are folks in the community who cannot afford the costs of ongoing mental health. - Social Services Provider

Lack of counseling providers, particularly masters of social work-type counselors, who can provide a holistic approach to mental health. Also, lack of support services. - Social Services Provider

Lack of access to providers. This is especially true in our pediatric and adolescent population. We have almost no providers for this age group. - Physician

There are no psychiatrists with offices in Butte, MT. There are no short-term, acute stabilization facilities for youth in the community. And very limited beds for adults. As is likely true in most communities, mental health is stigmatized. - Community Leader

Lack of psychiatrists and lack of mentally health facilities for people in crisis. Very high suicide rate, possibly related to poverty level, gun access, multiple factors. - Physician

One psychiatrist within 60 miles of Butte. Three APRN's within Butte area. Limited number of private therapists who have very long waiting lists. Butte is the nearest city to the state psychiatric hospital, so many move to Butte. - Social Services Provider

Qualified practitioners. - Community Leader

Lack of providers. - Other Health Provider

Physicians available and counselors. - Social Services Provider

The lack of psychiatric providers for diagnosing and prescribing. - Social Services Provider

Denial/Stigma

Stigma continues to be a huge challenge. People also still do not realize that depression (along with other behavioral health disorders) is highly treatable, and suicide is very much preventable. - Public Health Representative

Number-one issue, hands down, is stigma. Mental health is not viewed in this community as a disease. Second is lack of services. While the services we have are good, there are not enough providers. - Social Services Provider

People in our community view mental health problems as something to be ashamed of. For this reason, they do not seek the care they need. - Community Leader

Community stigma, fear of seeking treatment. - Social Services Provider

Stigma about seeking help, lack of insurance, lack of providers available in community- especially psychiatrists- and long wait lists. People can be screened at the hospital, but there is no inpatient care in the community. Suicide risk. - Community Leader

Continuing stigma associated with mental illness in Butte, Montana. - Community Leader

Being heard as a person with medical needs that are real and not part of being mentally ill. Being respected as a human. Being in the medical profession all the time, not seen as a crazy person or some other stigma related idea of what they think. - Community Leader

Stigma exists in talking openly about concerns, while some are still unsure of where to access support for mild/moderate concerns. If they do find a therapist, cost can be prohibitive. There is a fair amount of untreated moderate to severe mental illness. - Community Leader

Prevalence/Incidence

Mental health is probably the most significant problem in our community, with the majority of cases going unreported or [un]treated. - Community Leader

High incidence, continued cuts in the mental health assistance. - Community Leader

This is one of the biggest problems we have in our community, and we really do not have a great solution to help these folks. - Other Health Provider

Obviously, there are many mental health issues within our community. One of the highest is suicide. I don't think we offer enough realistic resources. - Community Leader

Again, there seems to be a large population of mentally ill people, with varying degrees of severity. - Community Leader

I think the country is in crisis with mental health. Due to the large issue, there is not sufficient funding for mental health programs locally or across the country. - Community Leader

Our community is vulnerable to mental health issues, abuse, mental health conditions, generational/historic lineages of mental health issues, and a lack of confidence about how to address these concerns. The work and efforts of the Community Action Team. - Community Leader

Suicide rate. - Community Leader

Work-related situations on a daily basis. - Community Leader

Co-Occurrences

People who have mental illness sometimes develop dementia. But area mental health providers argue that dementia is always the overriding issue when a person has both dementia and mental illness, even though the mental illness preceded the dementia. - Social Services Provider

In Butte, I see a lot of people that have mental health issues that also struggle with addiction issues. And because the addiction issues are not being dealt with, neither are their mental health issues. And it's a vicious cycle. - Other Health Provider

Suicide, depression, anxiety and a huge lack of counselors and providers that deal with this. - Community Leader

Suicide, lack of supports, stigmas, substance abuse and lack of beds for treatment. - Community Leader

Alcohol and substance abuse, homelessness, non-acceptance by the public. - Social Services Provider

Treatment, housing, substance abuse. - Social Services Provider

Children

There is limited access to mental health services because we have a limited number of mental health practitioners, especially for children, and that accept Medicaid. Even for those adults that seek services and have insurance. - Social Services Provider

Butte is an underserved community with respect to professional mental health counselors, particularly therapists that work with children and families. - Social Services Provider

Residential treatment centers for children are anemic, at best. Butte would benefit greatly from a facility such as Shodair [Children's Hospital]. - Community Leader

Home mental health services for families with children that need them. Many families have reported that they do not know what to do to support their child in their mental health needs. Also, parenting classes are a needed resource. - Community Leader

Homelessness/Housing

It appears that a lot of the homeless in Butte are dealing with mental health issues. Our high rate of suicide also shows our residents have challenges with mental health. - Community Leader

Access to adequate housing and assistance. - Community Leader

Affordable housing/supported housing. Montana is a fee-for-service, making it difficult to attract prescribers, therapists, etc., due to low pay and ability to compete with hospitals, the state or the VA.

Access for clients/willingness for partners. - Other Health Provider

Housing would seem to be the largest challenge. - Social Services Provider

Affordable Care/Services

Access to mental health care is challenging because there is not always a pay source. For people who have a disabling condition, it can take up to three years to be approved for disability income. The suicide rate is high. - Social Services Provider

Accessing affordable mental health care in a timely manner. - Social Services Provider

Access to free/affordable substance abuse treatment. Access to affordable mental health care. - Other Health Provider

Poverty and lack of resources or funding, lack of providers. - Physician

Stress

Stress. The negative effects of stress on people's health is significant. Also lack of sleep. Most people don't realize how important sleep is and the negative health consequences of not getting eight hours per night. - Social Services Provider

Suicide

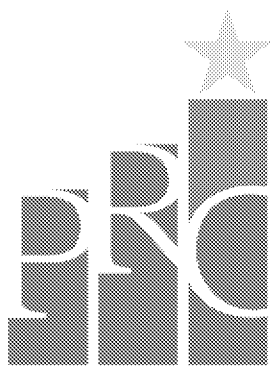
Perhaps included in mental health, but I think a separate issue needs to be suicide. The availability of guns, the frequency of attempts, and our as yet inability to speak openly and directly about the suicides in our community keep it a secret. - Community Leader

Traumatic Brain Injuries

Traumatic Brain Injuries (TBI) are not considered to be mental health issues. As a result, it is extremely difficult to get appropriate care for a person with TBI. As a person ages, behavioral effects from the TBI often worsen. - Social Services Provider



Death, Disease & Chronic Conditions



Professional Research Consultants, Inc.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

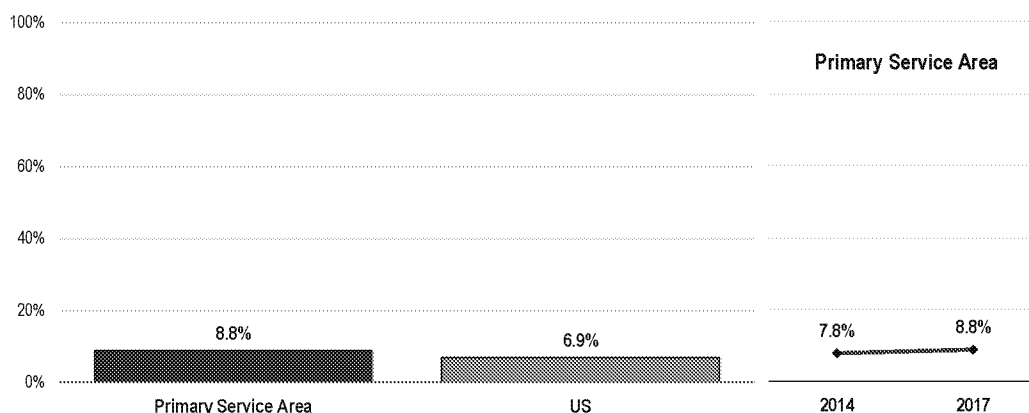
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 8.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- TREND: Statistically unchanged since 2014.

Prevalence of Heart Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

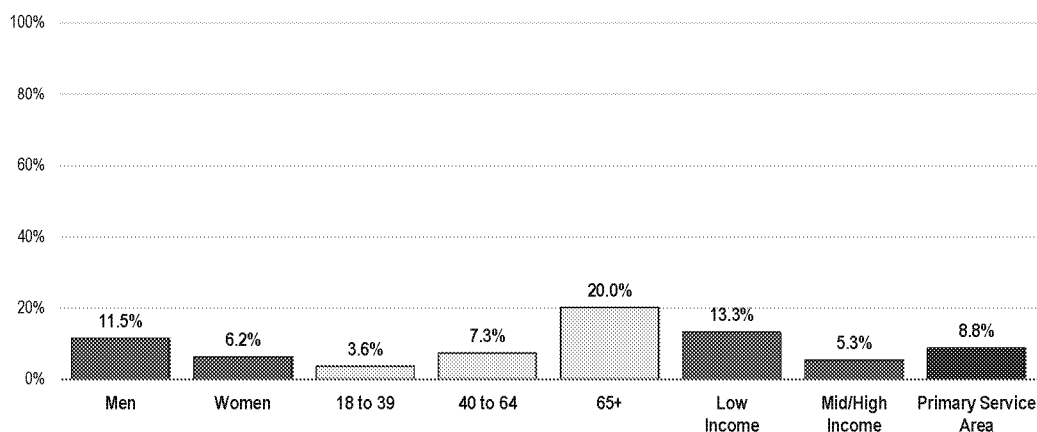
Notes: • Asked of all respondents.

• Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Seniors (age 65+).
- Low-income adults.

Prevalence of Heart Disease (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

Notes: • Asked of all respondents.

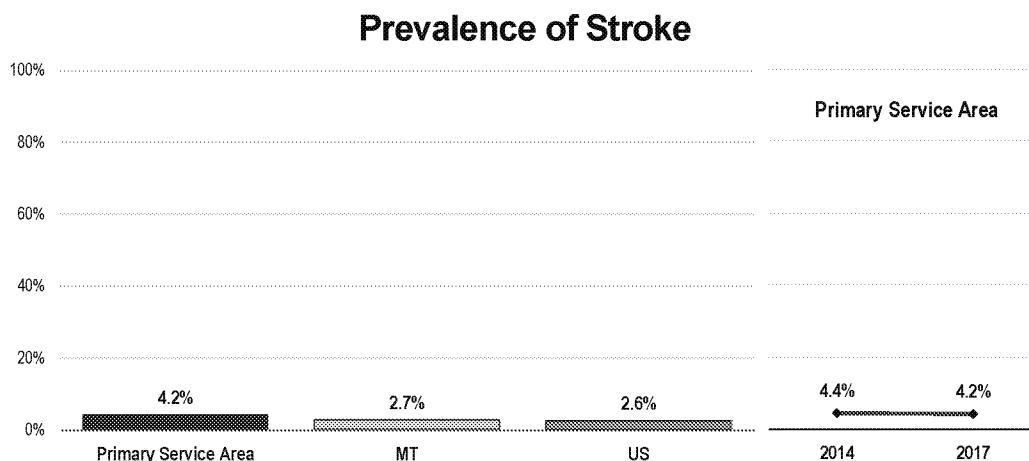
• Includes diagnoses of heart attack, angina or coronary heart disease.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 4.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- TREND: The Primary Service Area stroke prevalence has remained stable over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

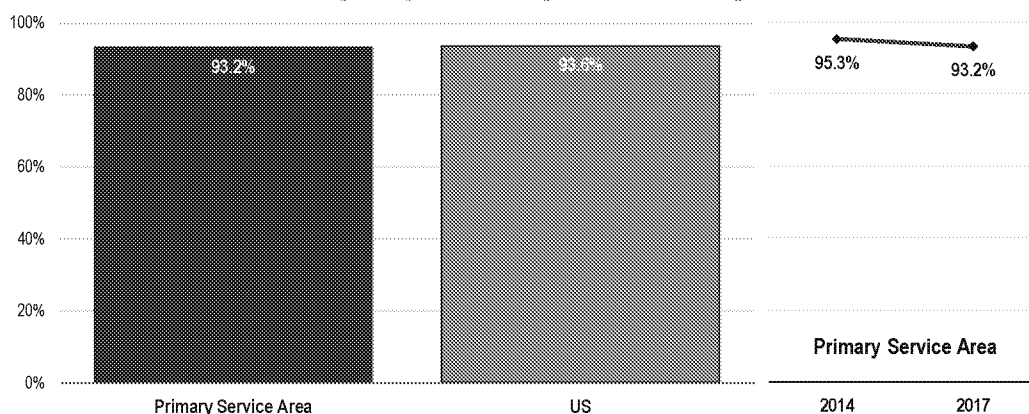
High Blood Pressure Testing

A total of 93.2% of Primary Service Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- TREND: Statistically unchanged since 2014.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
 Notes: • Asked of all respondents.

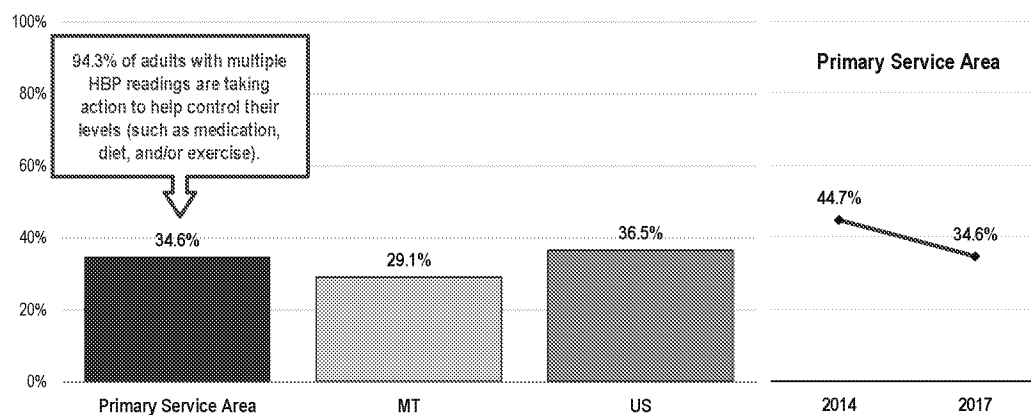
Prevalence of High Blood Pressure

A total of 34.6% of Primary Service Area adults have been told at some point that their blood pressure was high.

- Less favorable than the Montana prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- TREND: Denotes a statistically significant decrease since 2014.
- Among adults with multiple high blood pressure readings, 94.3% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



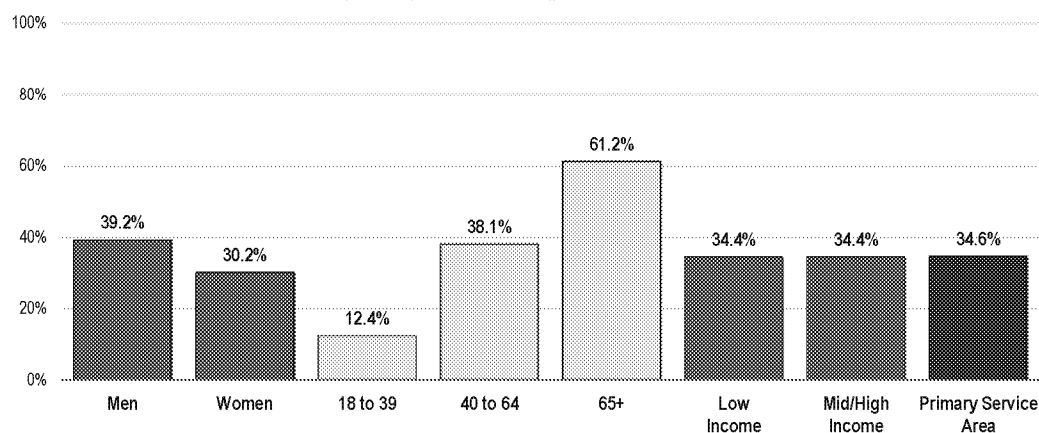
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 147]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.

- High blood pressure is more prevalent among adults age 40 and older, and especially those age 65+.

Prevalence of High Blood Pressure

(Primary Service Area, 2017)

Healthy People 2020 Target = 26.9% or Lower



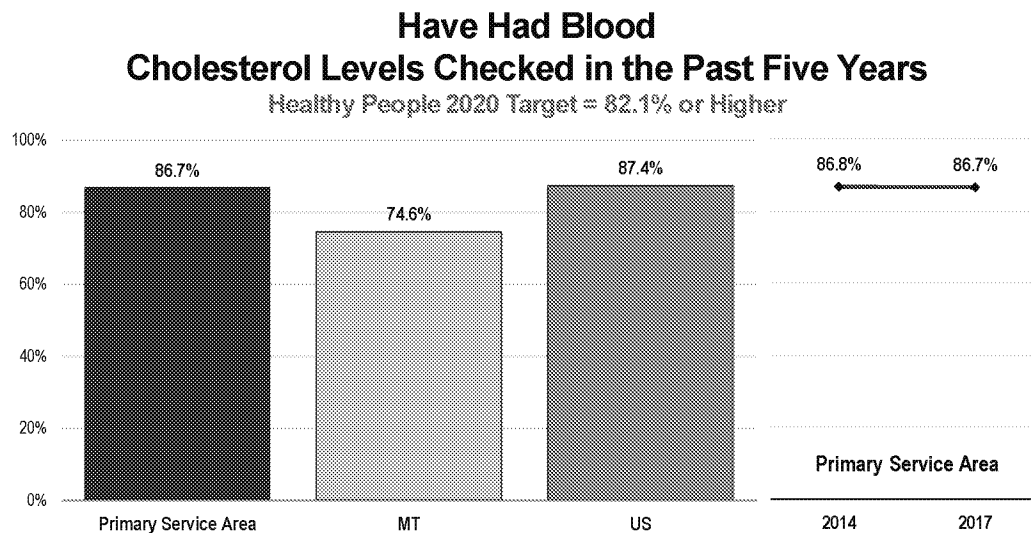
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 86.7% of Primary Service Area adults have had their blood cholesterol checked within the past five years.

- Considerably more favorable than Montana findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: Nearly identical to the 2014 survey findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

Notes: • Asked of all respondents.

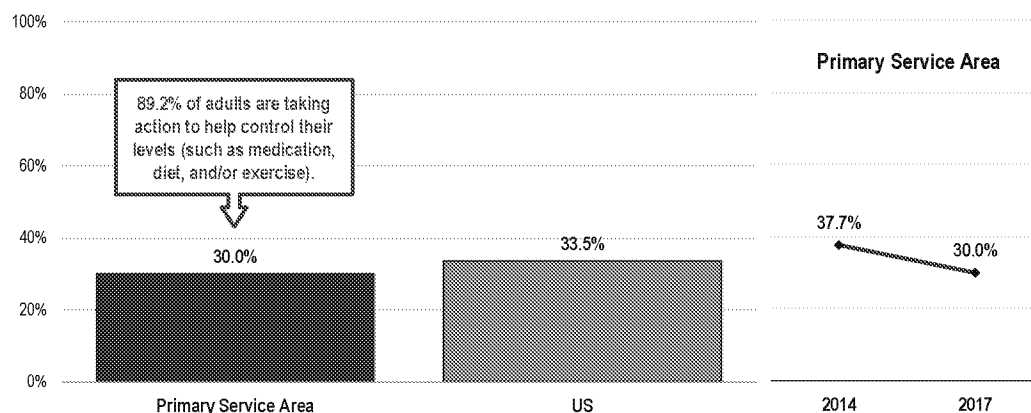
Prevalence of High Blood Cholesterol

A total of 30.0% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- TREND: Marks a statistically significant decrease since 2014.
- Among adults with high blood cholesterol readings, 89.2% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



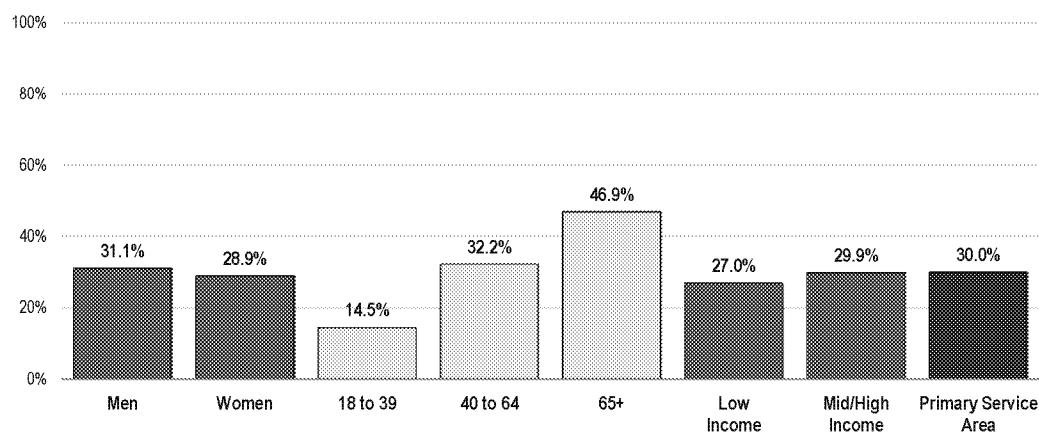
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 46, 148]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.

• Further note the positive correlation between age and high blood cholesterol.

Prevalence of High Blood Cholesterol

(Primary Service Area, 2017)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
 - High Blood Cholesterol
 - Tobacco Use
 - Physical Inactivity
 - Poor Nutrition
 - Overweight/Obesity
 - Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

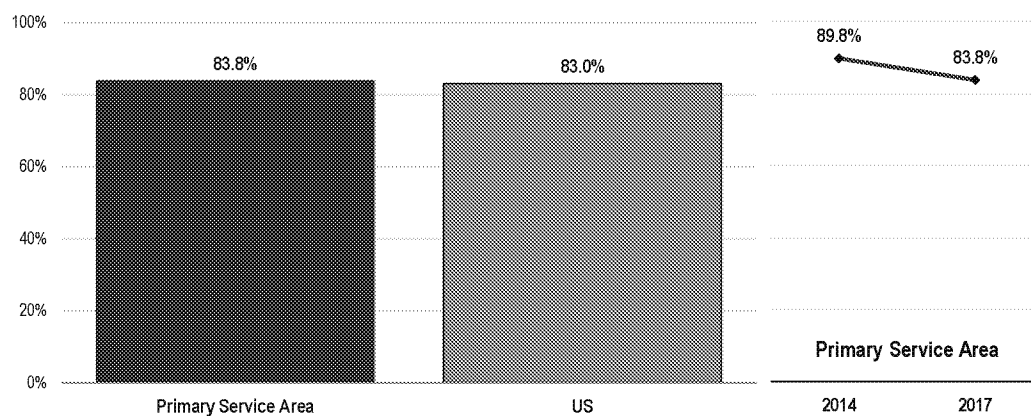
A total of 83.8% of Primary Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- TREND: In the Primary Service Area, cardiovascular risk has decreased significantly since 2014.

RELATED ISSUE:

See also
Nutrition & Overweight,
Physical Activity & Fitness and
Tobacco Use in the Modifiable
Health Risk section of this
report.

Present One or More Cardiovascular Risks or Behaviors



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 149]

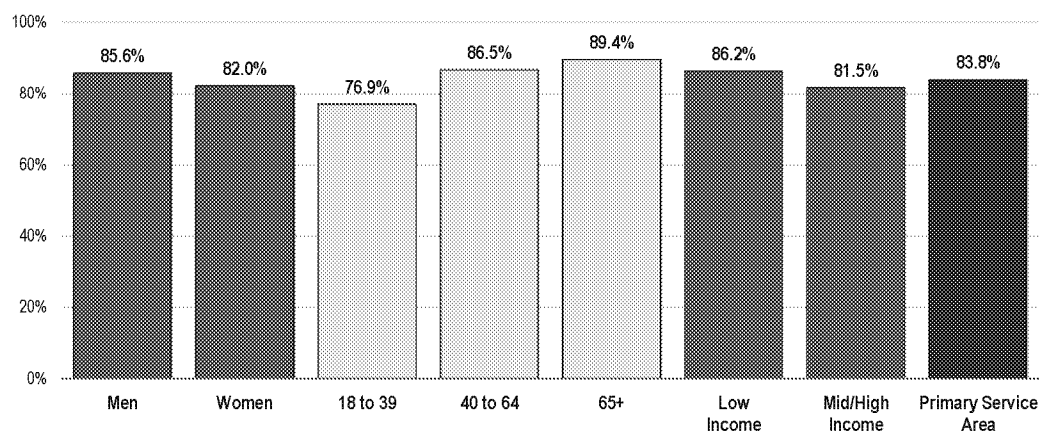
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

• Seniors (65+) are more likely to exhibit cardiovascular risk factors.

Present One or More Cardiovascular Risks or Behaviors (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

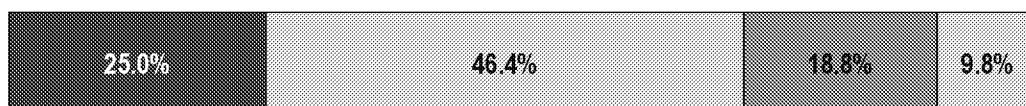
Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2017)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

This is a leading cause of death in Butte, Silver Bow, and in the nation. This ties back to the lifestyle: eating, exercise habits, and stress levels. - Social Services Provider

Heart disease and stroke affect a significant number of individuals at different points in their lives. Finding and accessing services once you have had a stroke can be challenging. - Social Services Provider

High incidence. Lack of a stroke center. - Community Leader

I think a substantial amount of people for our population have a stroke each year. It seems like they are younger. - Community Leader

Nationally, heart disease is the No. 1 killer of women, and more than a third of men have heart disease. I, therefore, believe it to be a major health issue in Butte-Silver Bow. - Public Health Representative

Many of our clients have heart issues. - Social Services Provider

Personal experience with family, friends and co-workers. - Community Leader

Heart disease is the number one cause of death in the country. - Physician

Co-Occurrences

Elderly population, high tobacco use, poor health care for those who are low income or without insurance. - Social Services Provider

I think the age of the population and the meat and potatoes type of diet that really is embraced by Butte people. Again, getting back to the blue collar community and history. - Community Leader

There's a lot of smoking and drinking and older generation in this town, and I think this is a major issue. - Community Leader

Due to the high usage of tobacco and alcohol and a very large red meat diet base. - Social Services Provider

Too many smokers and low income residents. - Other Health Provider

Access to Care/Services

Butte is not known for having a strong medical presence for dealing with major heart conditions and strokes. A lot of patients are transferred to other facilities in Missoula, Great Falls or Billings. - Social Services Provider

Need for more cardiology doctors here. Seems like a lot of citizens deal with this disease. - Community Leader

Lifestyle

I believe heart disease and stroke can be attributed poor diet and lack of exercise. There also seems to be an increase in tobacco use that I feel contributes to these issues. - Community Leader

Although there are multiple resources available, we see many people that choose to not follow-through with medications, appointments, etc. We also see a lot of people that choose to not live a healthy lifestyle, which also contributes to their issues. - Other Health Provider

Lifestyle choices: Unhealthy diet, sedentary lifestyle, and substance abuse. - Other Health Provider

Prevention

Lack of preventative care up front, medical checks and follow-up. Economical stress over affordable living. ACE scores not addressed. - Social Services Provider

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

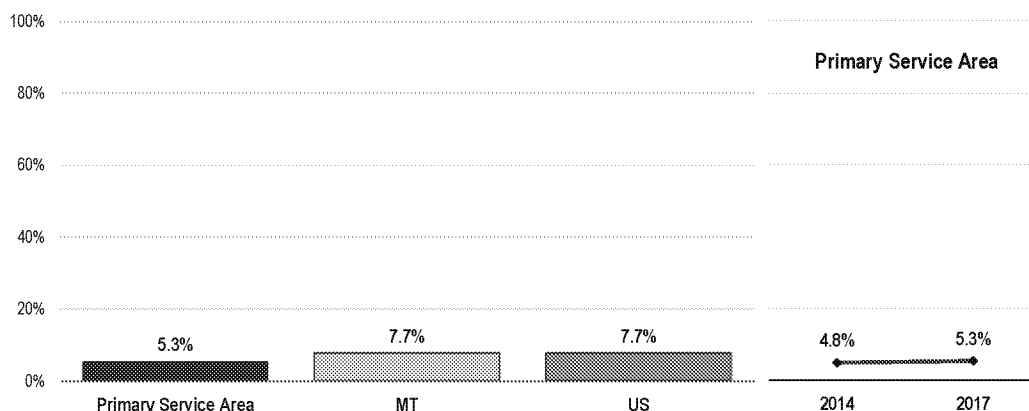
Prevalence of Cancer

Skin Cancer

A total of 5.3% of surveyed Primary Service Area adults report having been diagnosed with skin cancer.

- Statistically more favorable than what is found statewide.
- Statistically similar to the national average.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

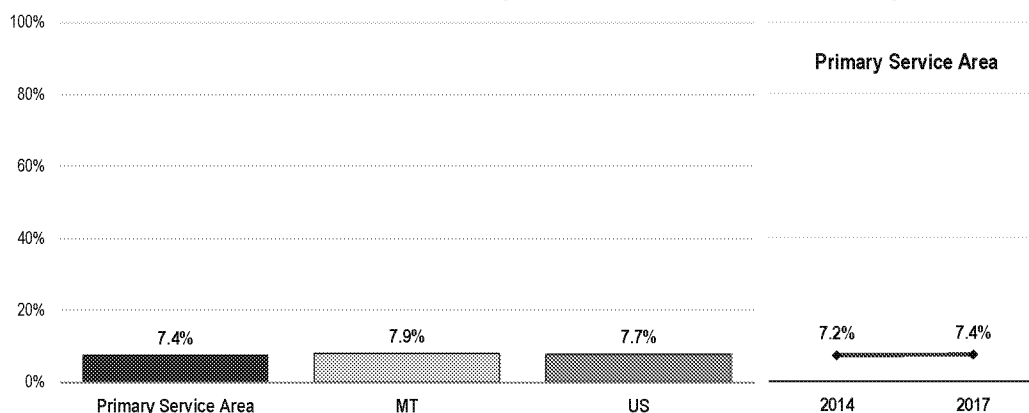
Notes: • Asked of all respondents.

Other Cancer

A total of 7.4% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- TREND: The prevalence of cancer has not changed significantly since 2014.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

RELATED ISSUE:

See also
*Nutrition & Overweight,
 Physical Activity & Fitness and
 Tobacco Use* in the **Modifiable
 Health Risk** section of this
 report.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

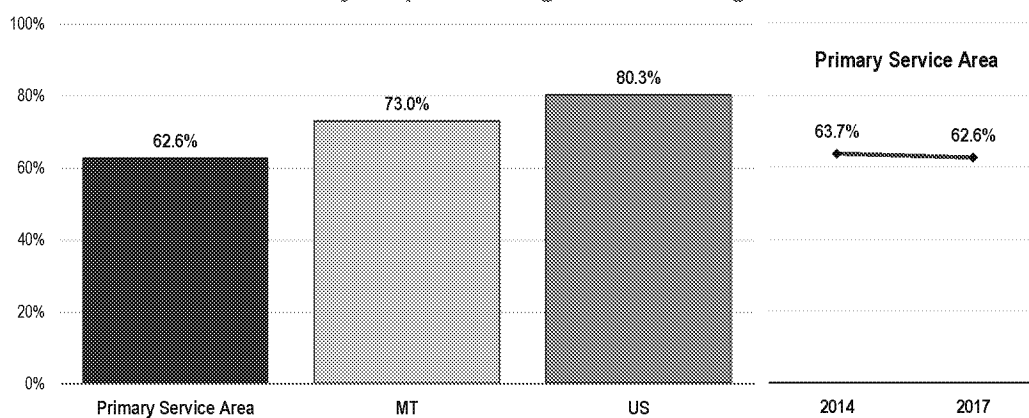
Among women age 50-74, 62.6% have had a mammogram within the past 2 years.

- Much lower than statewide and national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- TREND: Statistically unchanged since 2014.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes: • Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

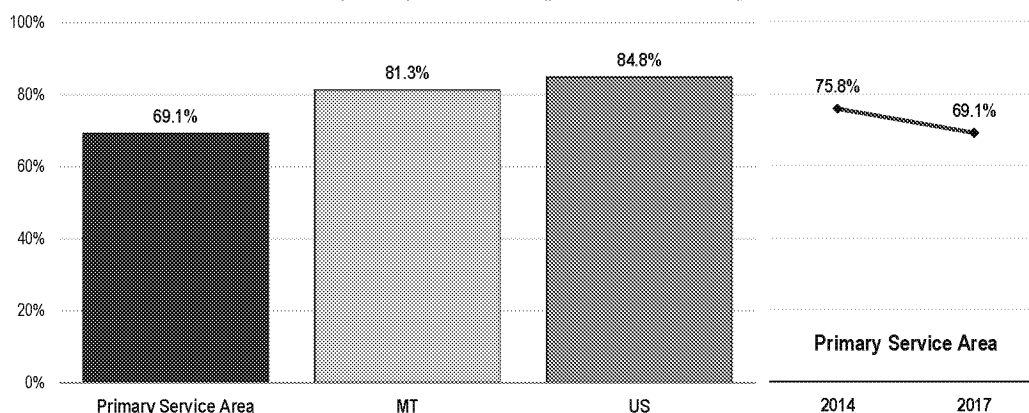
Among Primary Service Area women age 21 to 65, 69.1% have had a Pap smear within the past 3 years.

- Much lower than found statewide and nationally.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: The decrease in prevalence since 2014 is not statistically significant.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 63.8% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

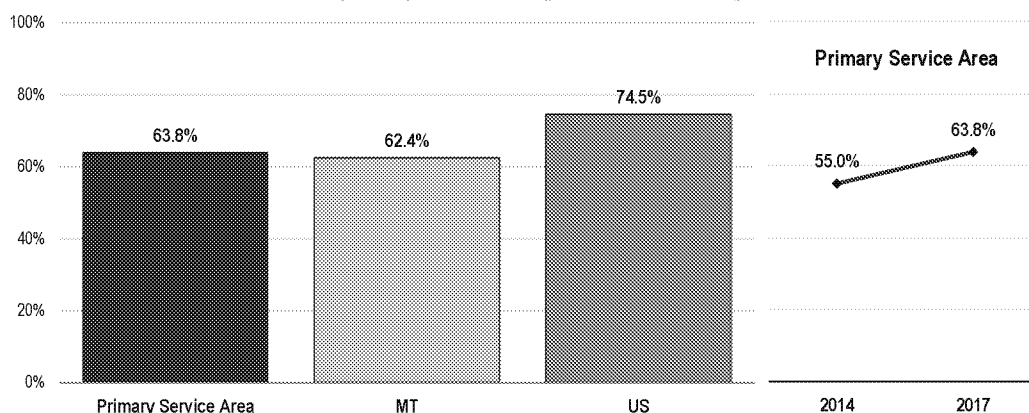
- Similar to statewide findings.
- Notably lower than national findings.
- Fails to satisfy the Healthy People 2020 target (70.5% or higher).
- TREND: Over time, the proportion receiving appropriate colorectal cancer screenings has increased significantly.

Appropriate colorectal cancer screening includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2014 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes:

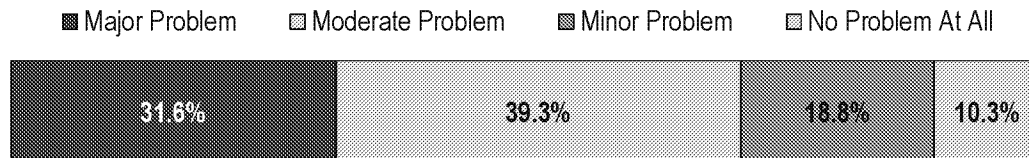
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2017)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

I believe cancer is a huge issue in any community, but there seems to be a prevalence of certain types of cancer in Butte. We seem to need more medical personnel to deal with cancer issues here in Butte.
- Community Leader

Cancer seems to be more present in our community lately, and it's rising in people of all ages. - Other Health Provider

There seems to be a large number of families dealing with many different forms of cancer. - Community Leader

Many people close to me have been affected by cancer. - Community Leader

Based on the number or perceived numbers of people dealing with cancer, it seems to be on the rise. - Social Services Provider

I think we see a higher rate of individuals with cancer in our community, and more people have to travel out of state for treatment than should be necessary. - Community Leader

Appears to be a high incidence of cancer within our community relative to our population size. - Community Leader

Greatly affects the community and families. - Other Health Provider

High incidence. Loss of trusted oncologist within the last year to another competing facility. - Community Leader

Because of the high incidence of cancer in our community. - Community Leader

Butte Silver Bow through Deer Lodge has higher cancer rates than other parts of the country. - Social Services Provider

I think cancer is a problem in any community. We need to do all we can for people going through this tough diagnosis. - Community Leader

It appears that we are forever having another benefit for a family who is struggling with cancer. - Social Services Provider

I think cancer is a major problem everywhere. And until we can find a cure and control cancer everywhere, it is a major problem in our community. When people are dying from cancer, and they are in Butte, then it is a major problem. - Social Services Provider

I believe every person I know has been touched by cancer in one way or another, either personally or someone close to them. - Community Leader

It seems there is a higher per capita rate than other areas. - Community Leader

I know a number of community members that have been diagnosed with the disease. It seems to be diagnosed quicker and at earlier ages. - Community Leader

The number of people diagnosed who need additional services or specialists. - Community Leader

Cancer seems to be affecting so many people in our community, especially breast cancer, from which I have lost many friends. - Community Leader

Many of our clients have had malignancies, including melanoma and cancers of women's reproductive systems. Years back, lung cancer was more prevalent. - Social Services Provider

It seems that many people in the community develop some form of cancer in their lifetime. - Community Leader

Personal experience with family members and friends. - Community Leader

Personal observation. - Community Leader

Frequency of presence. - Social Services Provider

Environmental Contributors

I believe the air particulates are causing this problem. - Community Leader

Many of the obituaries report battles of cancer, at younger than life expectancy ages. Air quality is a factor, as well; dust settles from the pit all over the town. - Community Leader

Long history of mining; deadly arsenic and other chemicals in air and water. - Social Services Provider

Access to Care/Services

We have cancer patients that leave the community for treatment. - Physician

Lack of resources regarding new innovative forms of care for addressing cancer. May need to travel out of state for someone with more experience than professionals that are in MT. MT has revolving physicians. Seems hard to keep specialists in Butte. - Social Services Provider

Alcohol/Drug Use

Due to the high incidence of tobacco, alcohol and drug use in this community. - Social Services Provider

Lack of Specialists

Not enough specialty in this area, limited resources - Other Health Provider

To receive care, individuals are leaving Butte and going as far as Seattle. - Social Services Provider

Lifestyle

Lifestyle, specifically alcohol and tobacco use, poor diet and lack of exercise. Also, environmental toxins. - Social Services Provider

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Asthma

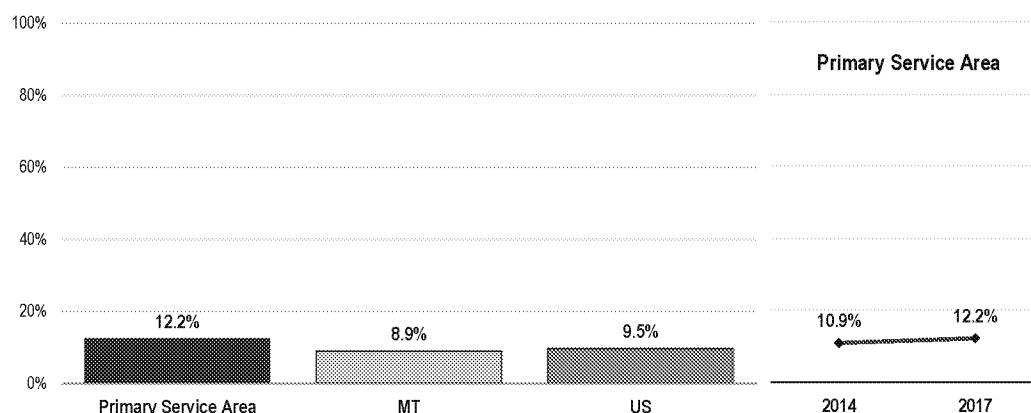
Adults

A total of 12.2% of Primary Service Area adults currently suffer from asthma.

- Higher than the statewide prevalence.
- Statistically similar to the national prevalence.
- TREND: The prevalence of adults with asthma has not changed significantly since 2014.

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Adult Asthma: Current Prevalence

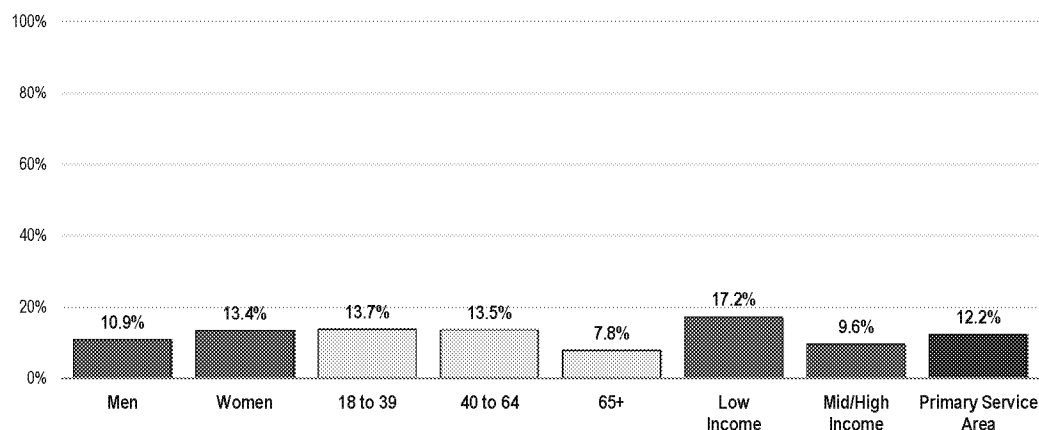


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 Montana data.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- The prevalence of asthma is statistically similar among the following demographic breakouts.

Currently Have Asthma (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

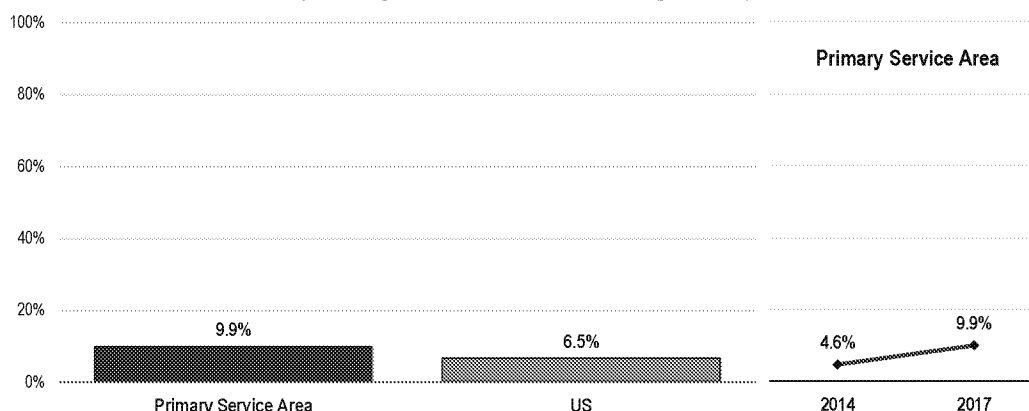
Children

Among Primary Service Area children under age 18, 9.9% currently have asthma.

- Comparable to national findings.
- TREND: Statistically unchanged over time.

Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

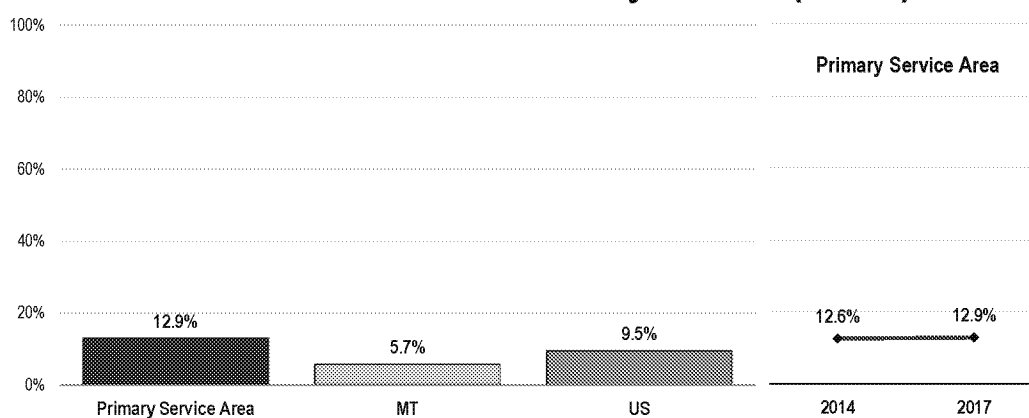
• Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 12.9% of Primary Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Less favorable than the state prevalence.
- Statistically similar to the national prevalence.
- TREND: Since 2014, the prevalence of COPD has not changed significantly.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]

• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

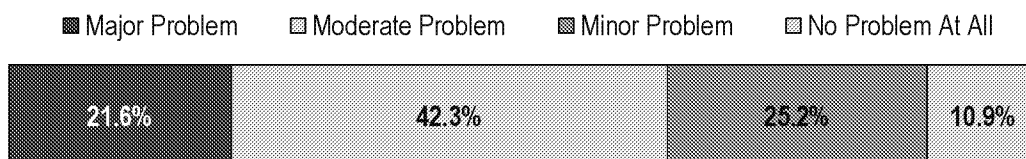
Notes: • Asked of all respondents.

• Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Diseases

The greatest share of key informants taking part in an online survey characterized *Respiratory Diseases* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use

There is a large incidence of cigarette smoking in Butte. COPD seems to be diagnosed at a high rate. There may be some lung disease attributable to the mining profession. - Social Services Provider

Tobacco, tobacco, tobacco. The combination of living at altitude and tobacco makes for higher than average numbers of patients with COPD. - Physician

High incidence of smoking and past history of smoking, years of environmental degradation of the air from mining that still lingers, altitude. - Community Leader

Heavy tobacco use. Mining and smelting history, chemicals and toxins, smoke, use of wood stoves, inversions. - Social Services Provider

Tobacco use is high. - Other Health Provider

Smoking - Other Health Provider

Environmental Contributors

Many of our clients have asthma or are on supplemental oxygen. The mining pollution within housing in Butte is a major problem. - Social Services Provider

The Berkeley Pit. Our wind blows a lot anymore, and it kicks up dust. Forest fires and cold weather. - Social Services Provider

I think the former mining industry employees and a large population of smokers contribute to this issue. - Community Leader

Air quality in winter. Our elevation creates some of our issues. - Community Leader

Prevalence/Incidence

High incidence. Need for more board certified pulmonary specialists. - Community Leader

Personal experience with family, friends, coworkers. Information received from being on Board of Health. - Community Leader

Aging Population

At least half of the elderly clients I see have COPD and are often on oxygen. This can limit their mobility, ability to maintain ADL's on their own and often their quality of life. - Social Services Provider

Lack of Specialists

Will lose our only specialist soon. - Physician

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥ 65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥ 65 years ... in 2006, approximately 1.8 million persons aged ≥ 65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

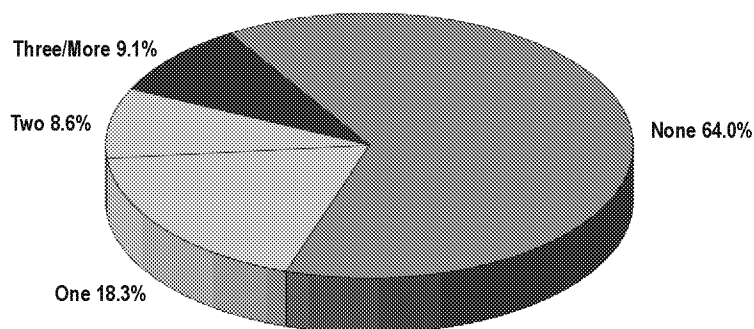
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Primary Service Area adults age 45 and older, 36.0% fell at least once in the past year, including 9.1% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Primary Service Area, 2017)

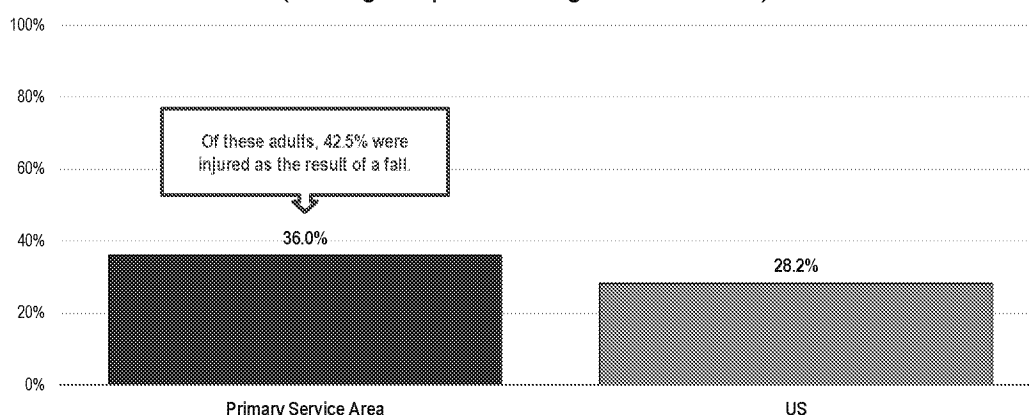


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is higher than the national proportion.

Among those who fell in the past year, 42.5% were injured as a result of the fall.

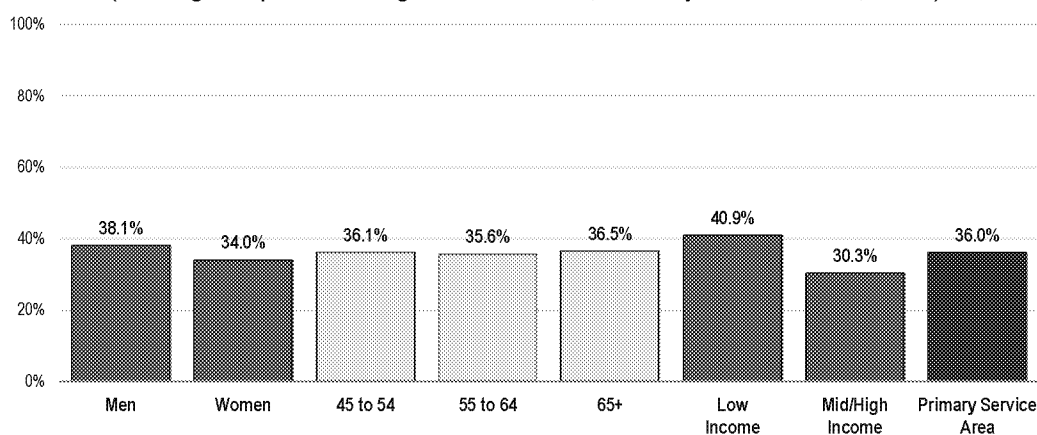
Fell One or More Times in the Past Year (Among Respondents Age 45 and Older)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125-126]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents age 45 and older.

- When viewed by key demographic characteristics, there is no significant difference in the proportion (age 45+) who have fallen in the past year.

Fell One or More Times in the Past Year (Among Respondents Age 45 and Older; Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
 Notes: • Asked of those respondents age 45 and older.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Firearm Safety

Presence of Firearms in Homes

Survey respondents were further asked about the presence of weapons in the home:

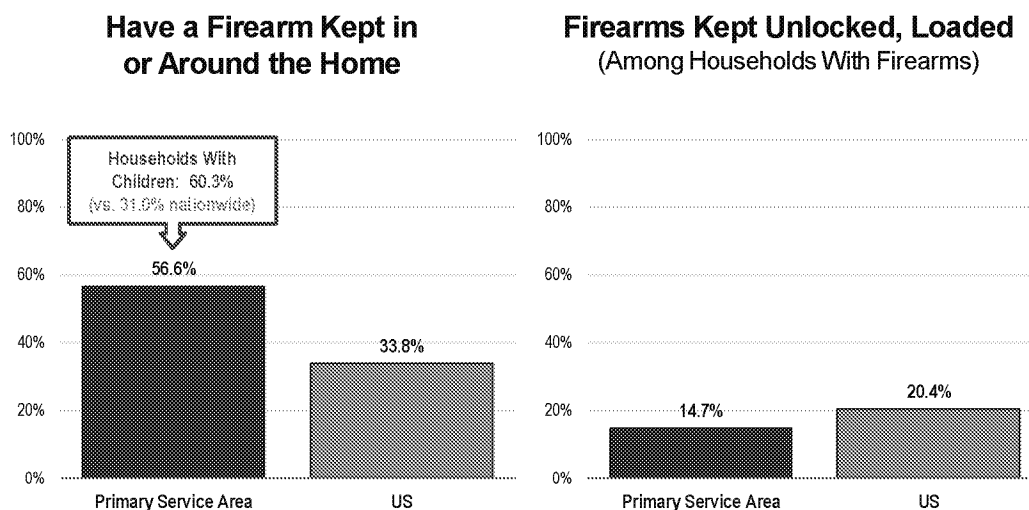
"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, firearms include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Overall, more than one-half of Primary Service Area adults (56.6%) has a firearm kept in or around their home.

- Much higher than the national prevalence.
- Among Primary Service Area households with children, 60.3% have a firearm kept in or around the house (nearly twice what is reported nationally).

Among Primary Service Area households with firearms, 14.7% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 51, 159-160]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

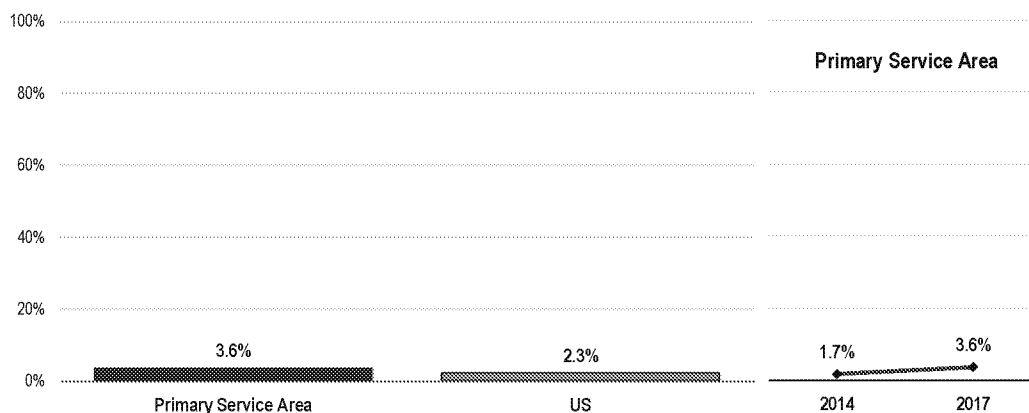
Violent Crime

Community Violence

A total of 3.6% of surveyed Primary Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- ◆ Similar to national findings.
- ◆ TREND: Statistically unchanged over time.

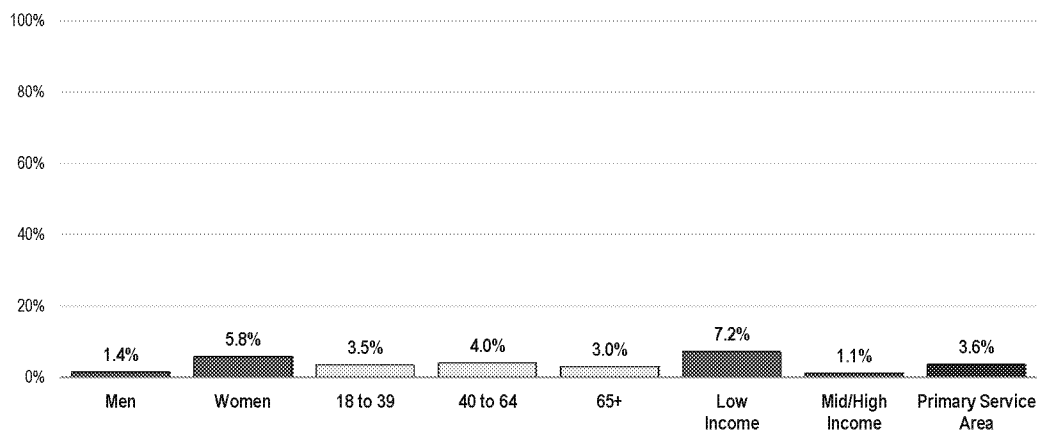
Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- ◆ Reports of violence are notably higher among women and residents living in the lower income category.

Victim of a Violent Crime in the Past Five Years (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Intimate Partner Violence

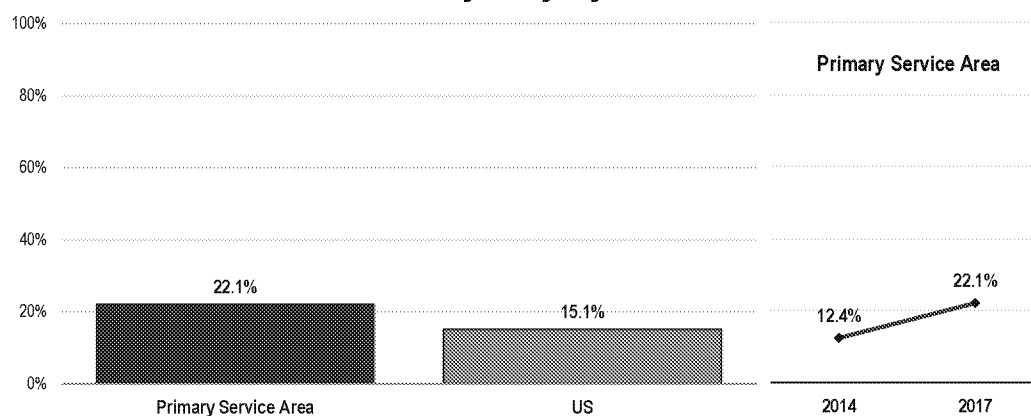
A total of 22.1% of Primary Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

- Less favorable than national findings.
- **TREND:** Over time, the percentage of area adults who have ever experienced domestic violence has increased significantly.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



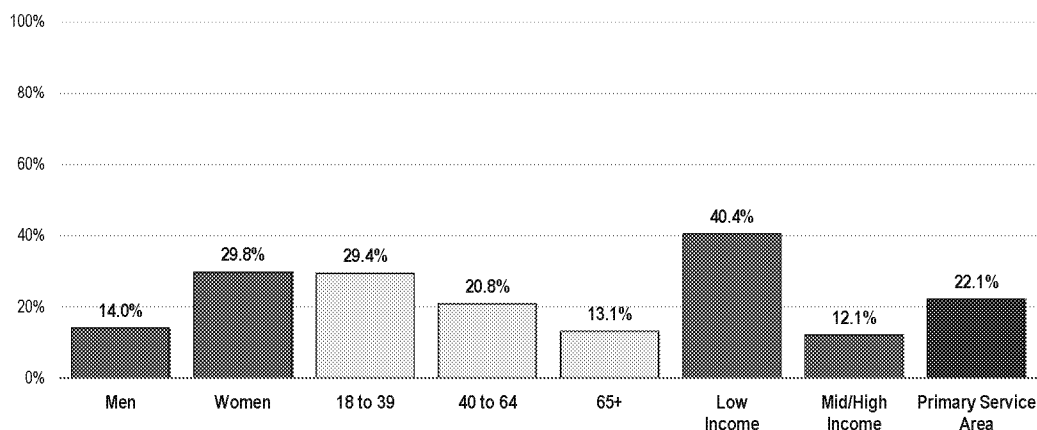
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults between the ages of 18 and 39.
- Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

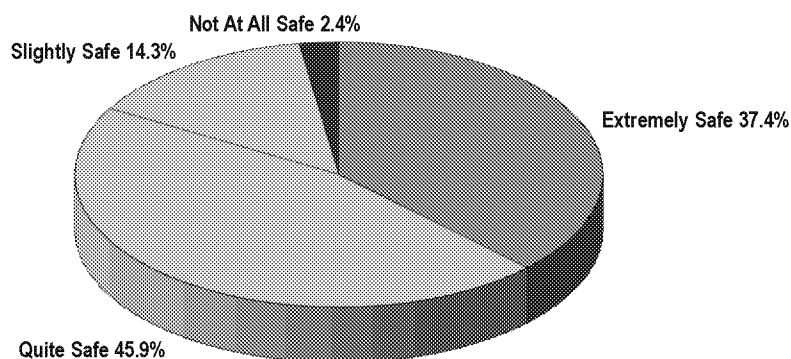
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

While most Primary Service Area adults consider their own neighborhoods to be "extremely safe" or "quite safe," 16.7% consider it "not at all safe" or only "slightly safe."

Perceived Safety of Own Neighborhood (Primary Service Area, 2017)



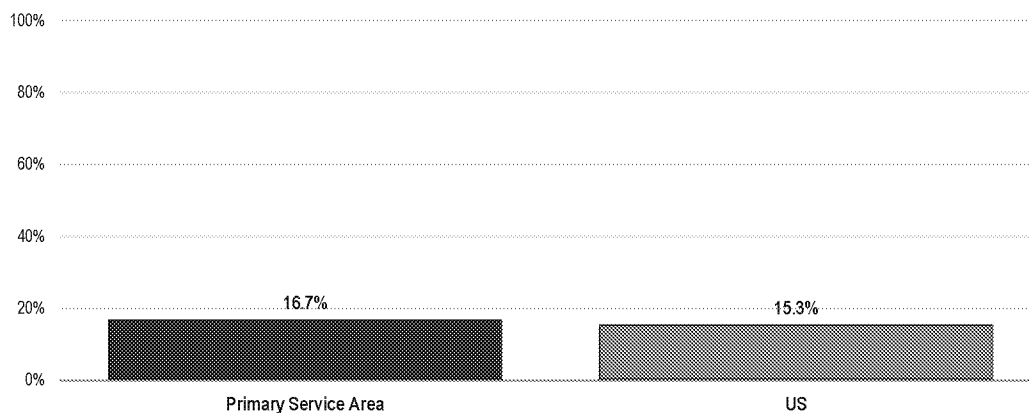
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- ◆ Compared with the US prevalence, a similar percentage of local adults consider their neighborhood to be “slightly” or “not at all” safe.

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe

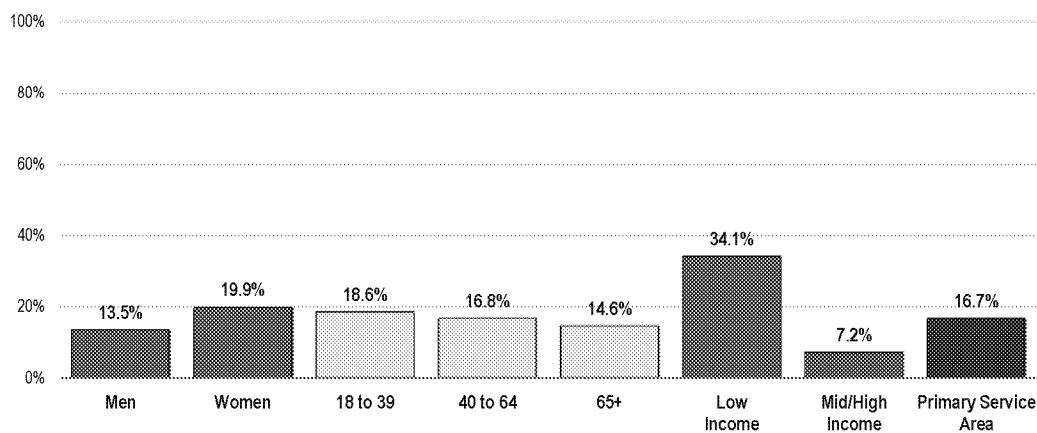


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- ◆ Reports of unsafe neighborhoods are notably higher among lower-income residents.

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (Primary Service Area, 2017)

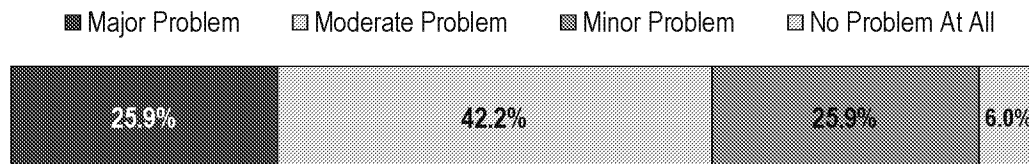


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Domestic Violence

I think there is still a high rate of partner family assault. - Community Leader

Domestic violence is prevalent in our community as is child abuse and maltreatment. This is also associated with a favorable alcohol and drug culture. - Social Services Provider

Domestic violence, abuse and neglect impact both physical and emotional health, leading to injuries that are not reported, or they will not seek health care, due to domestic violence. - Social Services Provider

Many unreported [cases of] domestic violence, due to lack of appropriate protection for victims. Restraining orders force victim to identify their residence and work locations. Many restraining orders violated. Very little case management or support, other than victim advocate. - Social Services Provider

Domestic and Sexual Violence. The majority goes unreported and is viewed as a social norm to a large portion of the population. No transitional housing. Victims often experience mental health issues, which go undiagnosed. And all too often, victims self-medicate - Social Services Provider

Domestic violence, drug-induced violence and loved ones witnessing violence. - Social Services Provider

Domestic violence is a serious problem here. - Social Services Provider

Many abusive relationships. - Community Leader

The community has higher than normal rates of child abuse, partner and family abuse and violent crime rate. - Other Health Provider

Alcohol/Drug Use

Drugs. I believe that a lot of the violence in Butte stems back to drug use or other drug-related issues. - Other Health Provider

I believe that a high incidence of substance abuse and some cultural influences that identify with the tough mining town image are the reasons for this. - Social Services Provider

Due to high drug use, violence is a problem in our community. - Social Services Provider

Because of high drug and substance abuse, low or under employment and financial issues. - Community Leader

Substance use, fighting and being "Butte tough." - Other Health Provider

Use of alcohol and drugs contribute, as does not having enough money or good health care. - Community Leader

Lower income, lots of drugs. - Other Health Provider

Prevalence/Incidence

It seems that with the escalation of substance abuse in the community, the crime rate has increased. - Other Health Provider

We see a relatively high crime rate in our community, which leads to injury and violence in our community. - Other Health Provider

Appears to be [a major problem], based on reading local newspapers. - Community Leader

Information received as a result of sitting on multiple community boards. - Community Leader

Suicide

Butte-Silver Bow has an incredibly high suicide rate. The community has seen some murder-suicides in the past few years. - Public Health Representative

Suicide prevention. Although I am not aware of national statistics, suicide rates appear to be quite high in Butte and in Montana. - Community Leader

Suicide, especially the increase in our adolescent suicides. Domestic violence. Injury and violence and substance use. - Social Services Provider

Suicide rate. - Social Services Provider

Behavioral Health

There is a lot of homeless and mentally ill people in this community that have to survive on the streets and drinking and drugs sometimes come into play. With that, there's violence and injuries and not always the best medical treatment. - Community Leader

Mental health management and safe places for families. - Other Health Provider

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

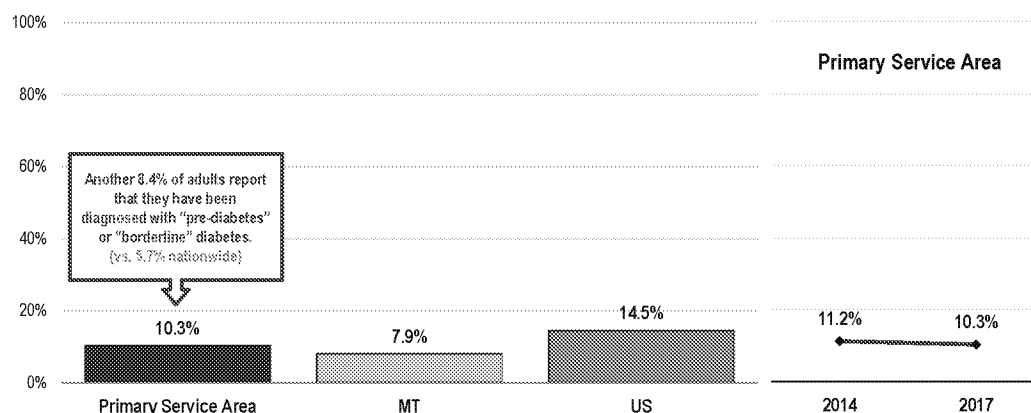
A total of 10.3% of Primary Service Area adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Better than the national proportion.
- TREND: Statistically unchanged since 2014.

In addition to the prevalence of diagnosed diabetes referenced above, another 8.4% of Primary Service Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.

Prevalence of Diabetes



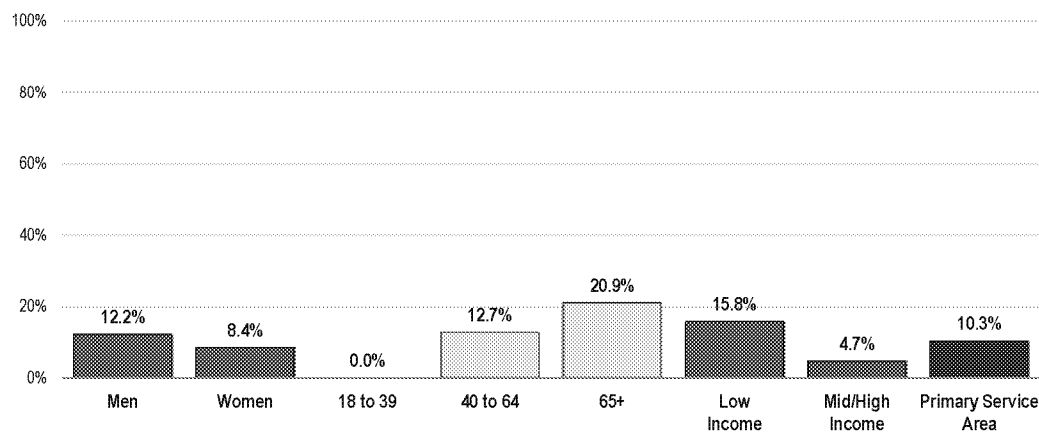
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.

Notes: • Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 20.9% of seniors with diabetes).
- Adults with low incomes.

Prevalence of Diabetes (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 • Asked of all respondents.

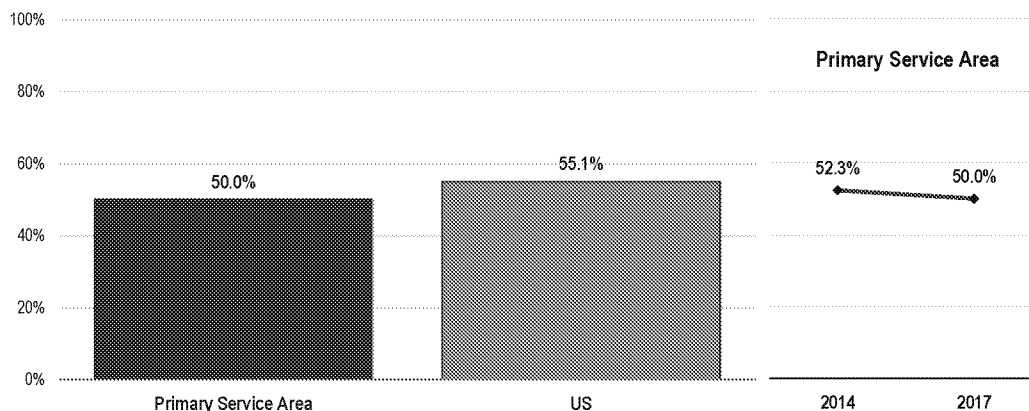
Notes: • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, one-half (50.0%) report having had their blood sugar level tested within the past three years.

- Statistically similar to the national proportion.
- TREND: Statistically unchanged since 2014.

Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



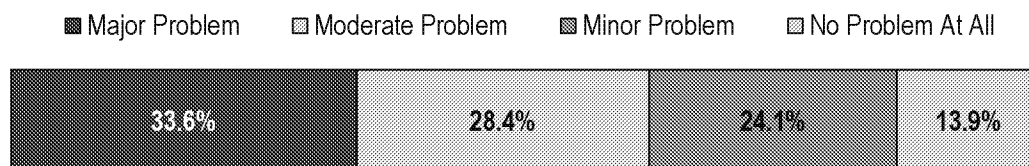
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

The greatest share of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Challenges

Among those rating diabetes as a “major problem,” the biggest challenges for people with diabetes are seen as:

Health Education/Awareness

Poor nutrition education. Many opportunities for exercise and activities, but many clients I see for mental health do not understand the link between good nutrition and mental health. - Social Services Provider

Lack of access to diabetic education. I am aware of the classes offered at St. James and SWMTCHC, but education is by far and away not being met. Also, lack of resources to address cost. Much of our community cannot afford their test strips. - Physician

Inadequate education on good nutrition. Lack of resources for being active within community. Lack of finances to afford good nutrition. - Physician

Lack of education and lack of follow-through on both the patient and the healthcare provider side. - Other Health Provider

Inability of people to understand the consequences of not keeping the disease controlled. - Social Services Provider

Poor understanding in the community about healthy eating and leading a healthy lifestyle, especially for youth. - Social Services Provider

Disease Management

Getting access to quality, consistent medical care where careful work with medications can be monitored is a major challenge. Poor food options are another problem. - Social Services Provider

Number of people with diabetes that don't manage their disease well. - Other Health Provider

Taking care of themselves and following doctor's orders. - Other Health Provider

Inconsistency in taking diabetic medications in the homeless population, or just plain not wanting to take the medications. - Other Health Provider

Preventative and ongoing care with a knowledgeable physician. - Community Leader

Getting bloodwork under control. - Social Services Provider

Taking care of themselves. We have resources available, but not a lot of people utilize them. - Social Services Provider

Lifestyle

Creating a lifestyle that prevents and minimizes diabetes is needed. Lack of exercise and unhealthy eating habits contribute to a higher rate of diabetes; there is not enough emphasis on these healthier habits in our community. - Social Services Provider

Diet control is the main issue. - Social Services Provider

I believe poor diet and lack of exercise are big contributors. The winters can be long. People are not hitting the gyms, due to cost and self-confidence. Eat a proper diet can be costly. - Community Leader

Poor dietary habits and lack of exercise. - Community Leader

Healthy eating choices when dining out. - Community Leader

Prevalence/Incidence

I just know that diabetes is a big issue in this community. A lot of people have this, so the [problem is] getting appointment when needed. Affordable medication and emergency care are all issues and challenges. - Community Leader

Diabetes cases are on the rise nationally with sedentary lifestyles and lack of nutritional care and poor dietary habits. - Community Leader

I see more and more individuals in my organization with diabetes and related health issues from diabetes. There are diabetes services, but not everyone accesses them. We have high access to fast food. - Social Services Provider

I think there is a very large population of diabetics and it seems that a large number do not manage their diabetes properly. - Community Leader

Access to Healthy Foods

The cost of whole foods versus processed foods. Cost of medication. - Other Health Provider
Being able to purchase the fresh produce and items needed that are low in sugar and carbs.
Education can always be stressed, and retraining of needs is important. - Social Services Provider
Access to healthy foods. - Other Health Provider

Affordable Care/Services

Low income, elderly population. - Social Services Provider
Access to affordable medications and medical supplies. - Social Services Provider

Lack of Specialists

There are no endocrinologists in Butte. There is one that comes to Anaconda five days each month.
They are in short supply nationwide. Diabetes services at St. James are good and open to the community, but there is only one CDE working with patients. - Other Health Provider
Not enough Dr. that specialize in this area - Other Health Provider

Home Healthcare

Dependable and trustworthy in-home help. - Social Services Provider

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

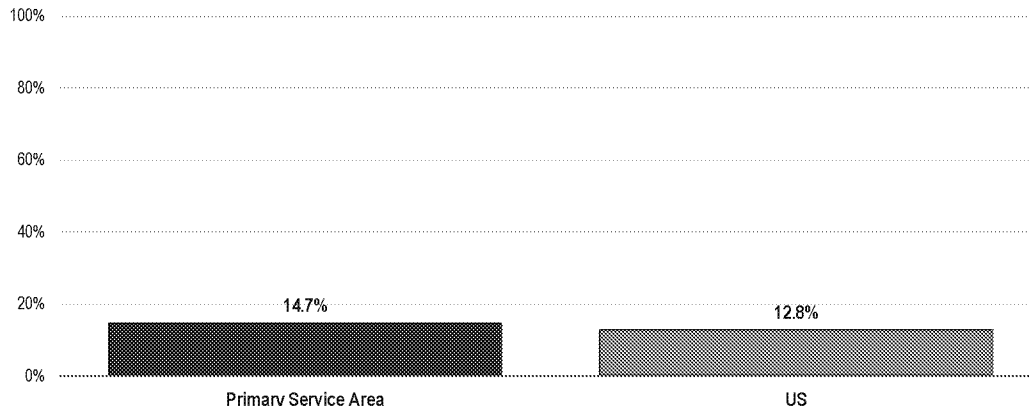
- Healthy People 2020 (www.healthypeople.gov)

Progressive Confusion/Memory Loss

A total of 14.7% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

- Comparable to the US prevalence.

Experienced Increasing Confusion/Memory Loss in Past Year (Among Respondents Age 45 and Older)



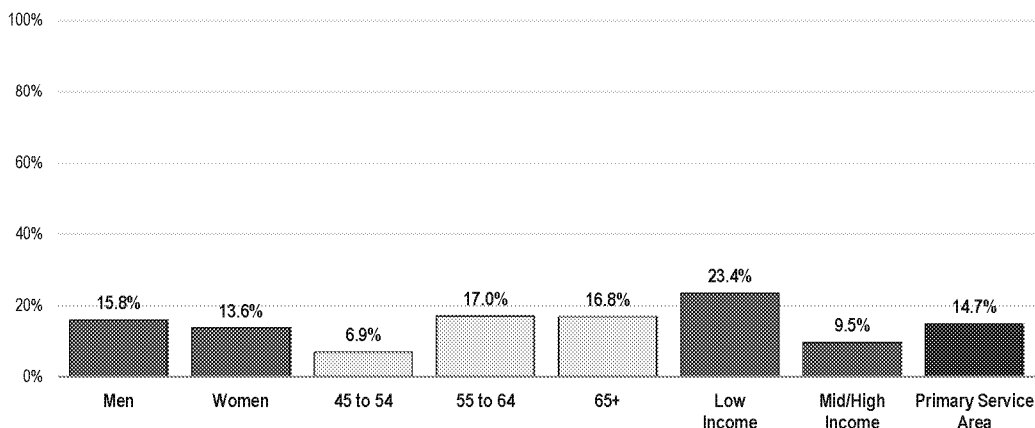
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of those respondents age 45 and older.

A higher prevalence of progressive confusion/memory loss is reported among:

- Adults age 55 and older.
- Low-income residents.

Experienced Increasing Confusion/Memory Loss in Past Year (Among Respondents Age 45 and Older; Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

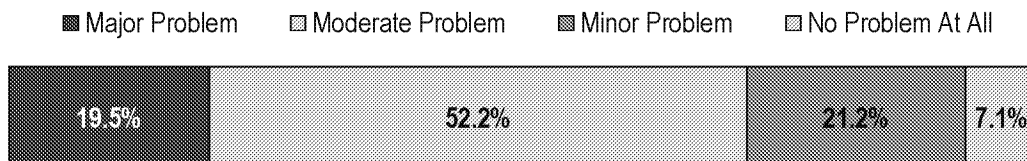
Notes: • Asked of those respondents age 45 and older.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider **Dementias, Including Alzheimer's Disease** as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

The nursing home facilities are at capacity in the Alzheimer's units. Co-workers and friends are not able to keep parents or aging family members in the community. They are having to place them in facilities up to 50-80 miles away from Butte. - Community Leader

Dementia has widespread effect in the community when the care options for patients seems limited, with only one facility specializing in dementia. - Community Leader

Lack of resources for the aging population. Limited Medicaid beds for long-term care. Cost for patients that don't qualify for Medicaid is almost unobtainable. The population of BSB is increasingly aging. - Social Services Provider

It is such a devastating disease, and the care available is limited. Research is ongoing; however, there aren't any rays of hope on the horizon. Support systems are inconsistent. - Social Services Provider

Aging Population

The current population in Silver Bow is aging. There are limited resources for the individual and for facilities. Often individuals are sent to inappropriate placement due to the community not having the resources to address. - Other Health Provider

Aging population. Many retirees in Butte, low income, lack of medical services for elderly. Few Dementia Care Units in Butte. - Social Services Provider

Our elderly population is burgeoning and will continue to do so for many years. I see many people who are in denial about having dementia, are unable to maintain their ADL's, show signs of failure to thrive, and allow little or no help. - Social Services Provider

Lack of Specialists

There are no geriatricians. Patients with dementia benefit from psychiatry, case management, support groups, and home health in the early stages. I feel primary care has to prescribe medications and wait for the disease to progress until they can be placed. - Other Health Provider

Not enough doctors that specialize in this area - Other Health Provider

No neurologist in town. A lot more research with this topic is necessary. Have to travel for care. - Community Leader

I believe that we don't have enough doctors available to treat this disease. We also don't have enough facilities with a trained staff for this disease. - Social Services Provider

Prevalence/Incidence

When I started at the senior services center in 2001, we had one or two people suffering from Alzheimer's. Now we have one person at each of our twelve tables with this awful disease. It is spreading in our community and in our nation. - Social Services Provider

Incidence is high; education and diagnosis, poor. - Physician

Personal experience with family members, friends, co-workers. - Community Leader

Health Education/Awareness

Lack of education and providers that understand how to treat patients with this disease. - Social Services Provider

There needs to be more research and more studies done to fully understand dementia and Alzheimer's so that the progression of the disease can be slowed down with medication. Also, the facility we have in Butte is not enough. We need more places like it. - Community Leader

Impact on Families/Caregivers

Family members need assistance in caregiving. Many adult children work, and spouses will have their own health needs. Rules appear restrictive and unyielding with in-home provider programs. Many families give up. System is fractured. - Social Services Provider

I believe there are not enough resources available to families dealing with dementia and Alzheimer's. - Community Leader

Denial/Stigma

This is a quiet issue, with less folks reporting it prior to moving to a specialized treatment issue. Mostly anecdotal information has come to us. - Social Services Provider

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

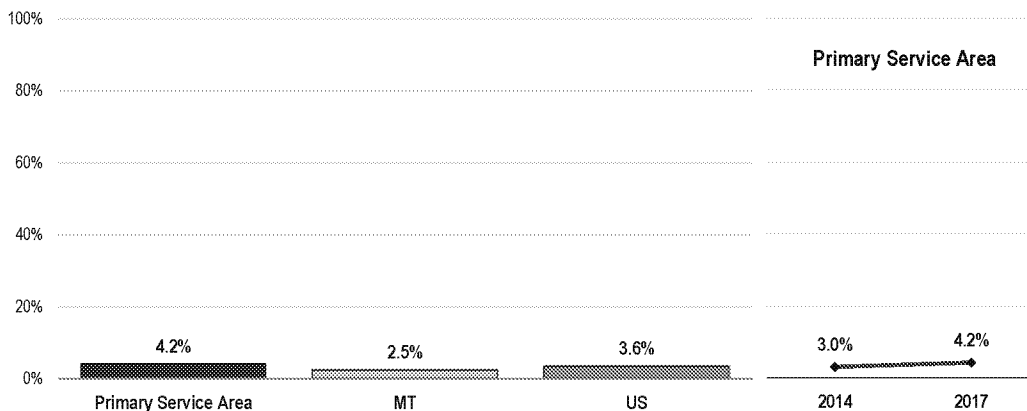
- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Kidney Disease

A total of 4.2% of Primary Service Area adults report having been diagnosed with kidney disease.

- Similar to the state and national proportions.
- TREND: Statistically unchanged since 2014.

Prevalence of Kidney Disease

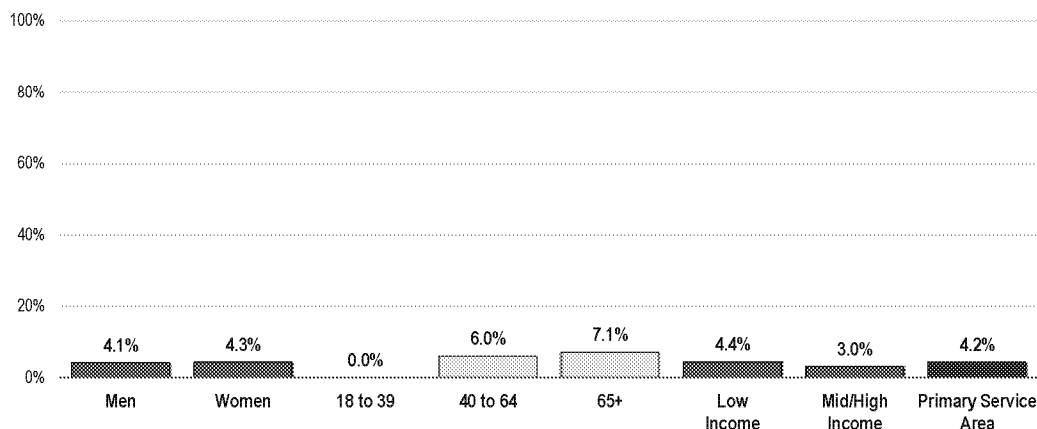


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 32]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- A higher prevalence of kidney disease is reported among respondents age 40 and older in the Primary Service Area.

Prevalence of Kidney Disease (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]

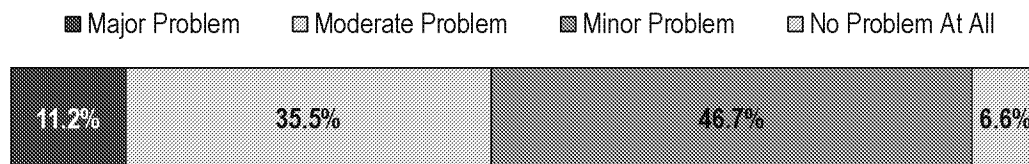
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "minor problem" in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Specialists

Not enough doctors that specialize in this area - Other Health Provider

Butte is an underserved area for health care professionals, particularly providers that specializes in kidney disease and other chronic health issues. - Social Services Provider

Up until recently, there was no urologist in Butte on a regular basis. Dr. Scott is not always available. The patients with kidney problems, kidney infections, kidney stones and kidney disease had to go to Five Valley's Urology in Missoula. - Social Services Provider

There is now nephrology services in Butte. I do not feel the other doctors are aware of this or they simply do not send patients to her when indicated. - Other Health Provider

Access to Care/Services

Most people I know that have chronic kidney issues have to travel out of town to get services. - Community Leader

Based on access to care, no nephrologist in town on a permanent basis. - Social Services Provider

There are so many suffering from this. There needs to be faster and better treatment and compassionate care. - Community Leader

Alcohol/Drug Use

Alcohol consumption is a serious problem in Butte, as well as the history of mining, with chemicals in air and water. - Social Services Provider

Co-Occurrences

Whether due to drug-related kidney problems or results from untreated diabetes, many clients have kidney disease issues. - Social Services Provider

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

More than 4 in 10 Primary Service Area adults age 50 and older (41.5%) report suffering from arthritis or rheumatism.

- Less favorable than that found nationwide.

A total of 13.1% Primary Service Area adults age 50 and older have osteoporosis.

- Statistically similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

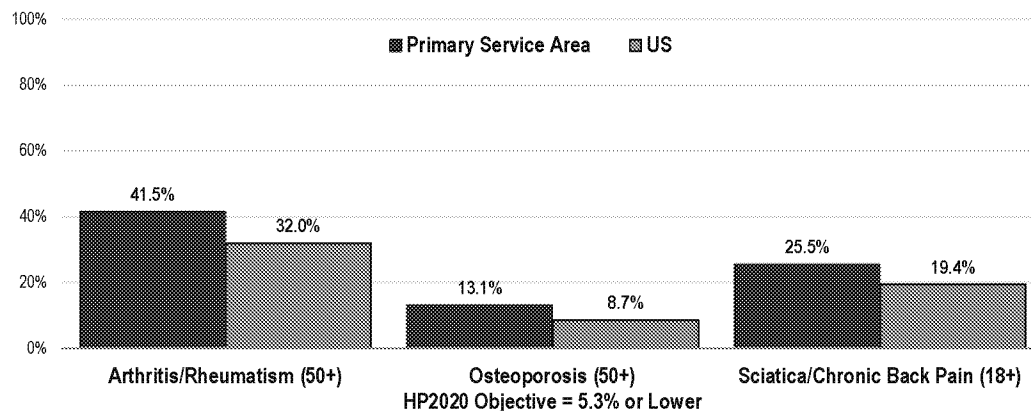
A total of 25.5% of Primary Service Area adults (18 and older) suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.

RELATED ISSUE

See also *Activity Limitations in the General Health Status* section of this report.

Prevalence of Potentially Disabling Conditions



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 161-162]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]

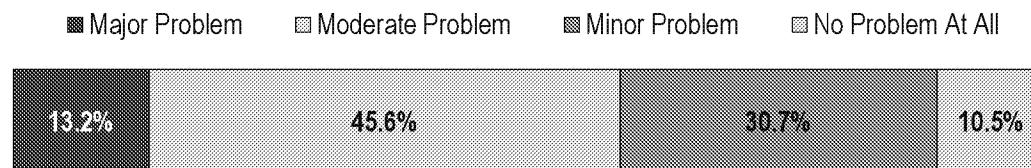
Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

It affects so many people, young and old. And for some young people that have arthritis or major back conditions, it is because they didn't get the treatment they need quickly enough to address the injury before it became a major back problem. - Community Leader

My experience is that a significant percentage of the clients I serve in a drop-in center environment have these conditions. I believe that Butte has a significant elderly population, and they suffer at a higher rate, especially for arthritis. - Social Services Provider

Kinds of back pain and joint pain continues to be one of the top reasons that people seek medical care, including surgery. These conditions are often debilitating and prevent people from working. - Physician

Persons in our service have abnormal levels of arthritis and bone issues, sometimes congenital, like scoliosis. Arthritis pain is a constant complaint. - Social Services Provider

Back issues are the most common reason for medical leave from work. There are very few alternatives available, other than pain management and extensive surgery. Insurances do not recognize laser or other less-intrusive methods. - Social Services Provider

Frequency of injuries and chronic pain within clientele in this community. - Social Services Provider

Large number of my patients suffer from chronic back pain, arthritis, or osteoporosis. - Other Health Provider

Personal observations. - Community Leader

Aging Population

Cumulative impacts of activities over several years, taking a toll later in life with an aging population. This is becoming more and more significant. - Community Leader

Basically, the age of our population and the blue-collar nature of employment within the community. - Community Leader

Access to Care/Services

Not enough doctors that specialize in this area - Other Health Provider

Access to knowledgeable pain management. - Physician

Affordable Care/Services

No access without health insurance and two- to four-month waiting period to get in to see a provider. - Community Leader

Substance Abuse

The opiate epidemic has led to addiction and poor coping skills when it comes to chronic pain management. Minimal resources for mental health management, which should be a part of chronic pain control. - Other Health Provider

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:

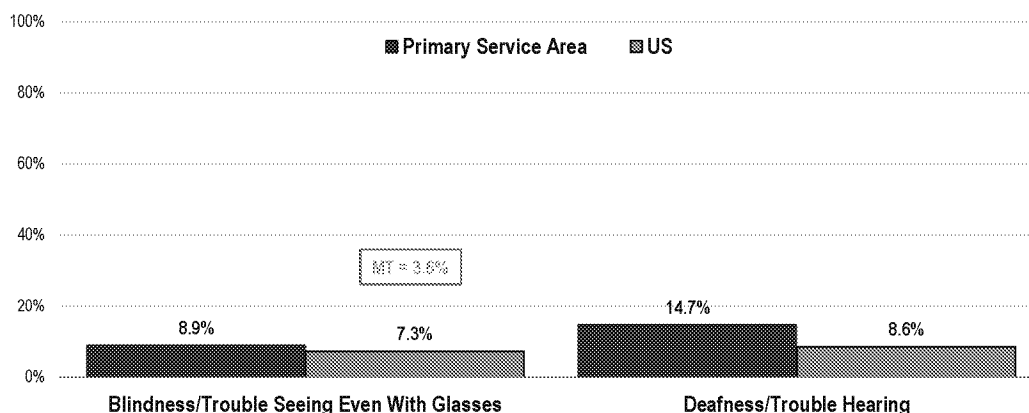
See also *Vision Care* in the *Access to Health Services* section of this report.

Vision and Hearing Trouble

A total of 8.9% of Primary Service Area adults are blind or have trouble seeing even when wearing corrective lenses, and 14.7% are deaf or have trouble hearing.

- The prevalence of blindness and trouble seeing in the Primary Service Area is higher than the state finding, but similar to the national finding.
- Deafness and trouble hearing is more prevalent in the Primary Service Area than nationally.

Prevalence of Blindness/Deafness



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25-26]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.

Notes: • Reflects the total sample of respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

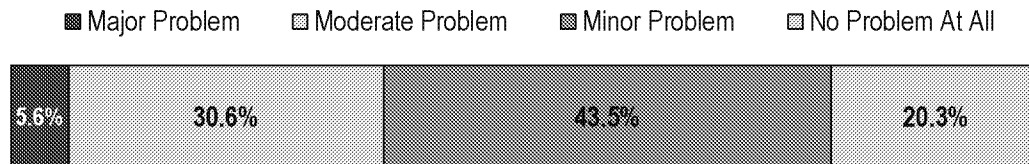
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

I think we need to have more access for people to have more eye surgeries here in town. In addition, more information on where to go for hearing loss. - Community Leader
Just a lack of access to specialists. - Social Services Provider

Contributing Factors

Elderly population, industry exposure to loud noise without ear protection. - Social Services Provider

Lack of Funding

I attend meetings with Low Vision Services. They say they run out of funding early. And at that point, they are not able to offer as many services as they would like. - Other Health Provider

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among Primary Service Area seniors, 45.8% received a flu shot within the past year.

- Notably less favorable than the Montana and national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: Denotes a statistically significant decrease since 2014.

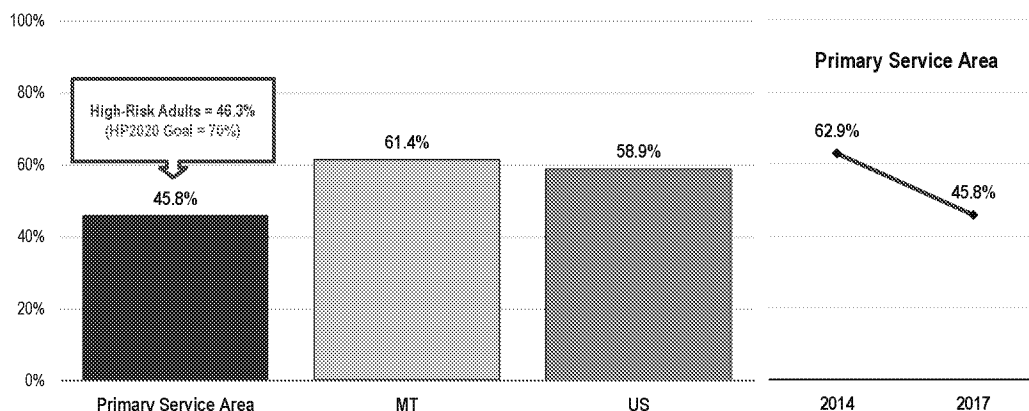
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease

A total of 46.3% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 163-164]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 Montana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Pneumonia Vaccination

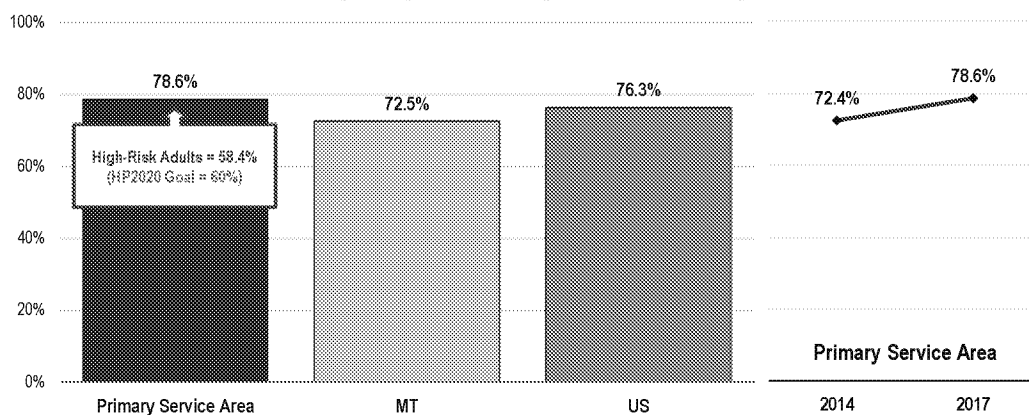
Among Primary Service Area adults age 65 and older, 78.6% have received a pneumonia vaccination at some point in their lives.

- Statistically similar to both the Montana and national findings.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- TREND: Statistically unchanged since 2014.
- A total of 58.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 165-166]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

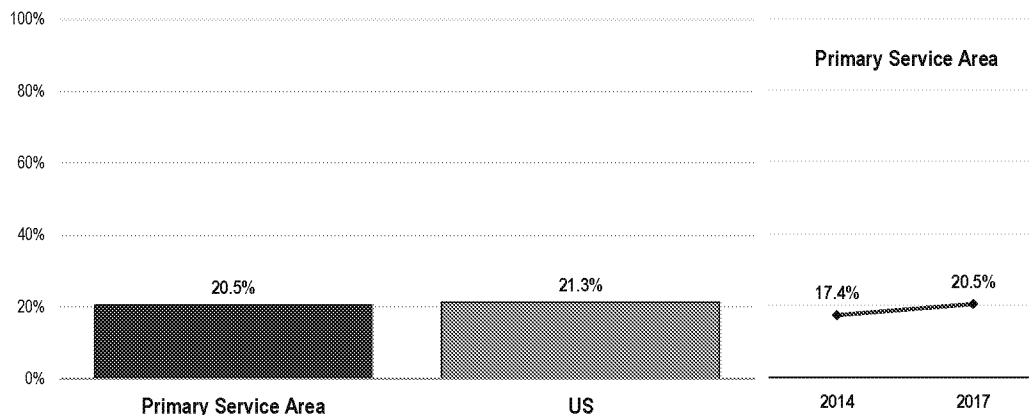
- Healthy People 2020 (www.healthypeople.gov)

HIV Testing

Among Primary Service Area adults age 18-44, 20.5% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Comparable to the proportion found nationwide.
- TREND: Testing has remained statistically stable since 2014.

Tested for HIV in the Past Year (Among Adults Age 18-44)



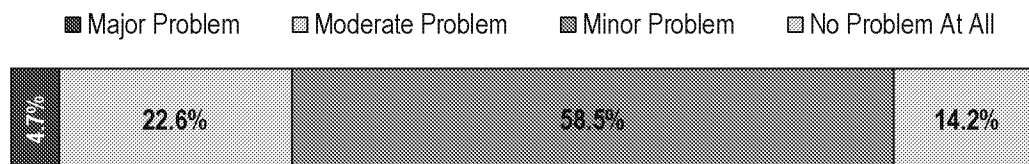
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Alcohol/Drug Use

Drug use and sexual promiscuity combine to increase HIV/AIDS. - Social Services Provider

Health Education/Awareness

Lack of education and stigma. Health care is expensive. - Social Services Provider

Prevalence/Incidence

Not in the news lately, but Butte continues with high rates of diagnosed HIV. Lack of affordable insurance, economic insecurity and lack of resource readily available. Publicity of issue is down. Needs to be increased. - Social Services Provider

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Safe Sexual Practices

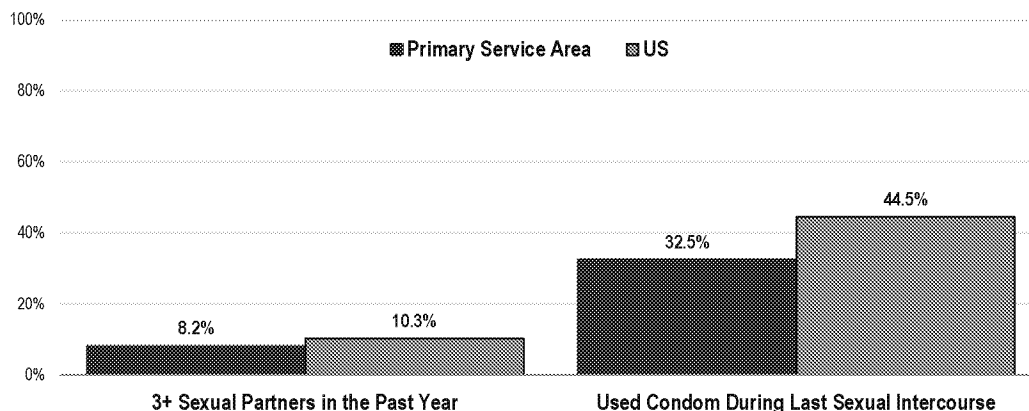
Among unmarried Primary Service Area adults under the age of 65, the majority cites having one (51.1%) or no (31.3%) sexual partners in the past 12 months. However, 8.2% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

A total of 32.5% of unmarried Primary Service Area adults age 18 to 64 report that a condom was used during their last sexual intercourse.

- Less favorable than national findings.

Sexual Risk (Unmarried Adults Age 18-64)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 97-98]

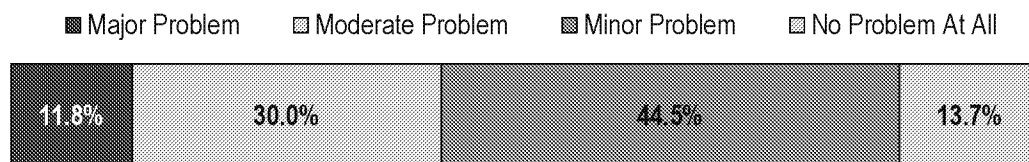
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized **Sexually Transmitted Diseases** as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Unprotected Sex

The young people of our community are engaging in risky sexual activity before they are ready for this very intimate choice. In addition, they are engaging with multiple sexual partners. - Social Services Provider

There is a lot of unsafe sex that goes on. And oftentimes, there is a lot of unsafe sex that is somehow related to drug use, etc. I've seen numerous people have open access to protection and not use it because their focus is getting their next fix. - Other Health Provider

Risky sexual activity among the youth of our community. This often leads to the same mental, emotional and behavioral health issues of a youth who has been sexually abused. - Social Services Provider

Much of the population does not use condoms for intercourse. - Other Health Provider

Prevalence/Incidence

Large number of chlamydia and gonorrhea amongst university students - Other Health Provider

Increase in STD's among sexually active youth and adults. - Social Services Provider

The data seems to support that sexually transmitted diseases are a problem in the community, especially chlamydia. - Other Health Provider

Health Education/Awareness

Inadequate sex education offered to school-age children. - Other Health Provider

We have seen an increase in STI's over the past 9-12 months. Although there is little data to suggest that teaching about STI's changes rates of condom use, I still worry that we are not doing enough to educate our adolescent population. - Physician

Alcohol/Drug Use

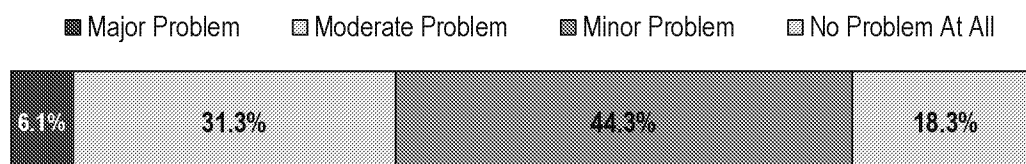
Drinking and drug use leading often to unprotected sex, risky situations. - Social Services Provider

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Immunization Rates

Lack of follow-through with immunizations and infectious diseases. One specialist in Butte for infectious diseases. - Social Services Provider

As much of the state does, we continue to struggle with low pediatric- and even adult- immunization rates. - Physician

Prevalence/Incidence

Many reported cases of STD, herpes virus, and MRSA reported in Butte. Need improved community outreach and education. Need to have health professionals continue education and practice safe health care. - Social Services Provider

Whooping cough issues. Hand-foot-and-mouth. - Social Services Provider

Health Education/Awareness

I believe it is an education and awareness issue in our community. If people knew more about the benefits of immunizations and how to properly handle infectious diseases, that would be helpful. - Social Services Provider

Lack of Specialists

There are not enough pediatricians for our community needs; therefore, immunizations are not always done in a timely manner. With infectious diseases, we are very lucky to have a doctor in our community who is a well-known authority across our country. - Social Services Provider

Births



Professional Research Consultants, Inc.

Infant & Child Health

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

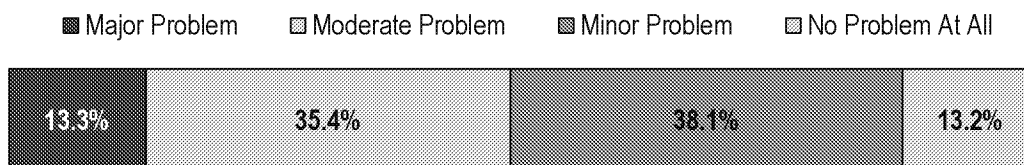
Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Infant & Child Health

Slightly more key informants taking part in an online survey characterized *Infant & Child Health* as a “minor problem” than a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Health Education/Awareness

Infant and child health is a major problem because there are too many parents who don't have a clue. The importance of diet, protective factors, how trauma adversely affects children- while we will never have enough services. - Social Services Provider

We are becoming more of a trauma-informed community and learning how adverse childhood experiences and associated trauma can affect an entire community. Our childhood poverty rate is higher and we have a higher percentage of children on Medicaid. - Public Health Representative

Appropriate, positive parenting intervention is needed, particularly for toddler-age group to pre-school/Head Start. Six months to three years old. - Social Services Provider

We have services that many parents are unaware of. We are also shy of having sufficient services to care for those who are in most need, prenatal care, first months of life, children living in difficult conditions. Not having early school-based programs. - Community Leader

Although there are many programs available for families in need of child health care, many people do not take advantage of them. Child mental health care is, however, a program that has very limited support in our community. - Community Leader

The accessibility is available, but parents do not always follow through. - Other Health Provider

How better to reach people in their early years. Programs to enhance self-concept, avoidance of negative behavior and unkindness in early years. Respectful images and language. - Community Leader

Poverty

Poverty rates, teenage pregnancy and poorly prepared parents do not seek adequate treatments, nor timely check-ups. Many young children do not have medical homes. - Community Leader

Poverty and mental health needs. - Physician

Neglect, poverty, lack of access to care and families struggling with substance use. - Social Services Provider

Access to Care/Services

Lack of pediatric services in the areas of physical therapy and occupational therapy. One PT I spoke with regarding working with one of our students wants a conversation around how to share the burden. - Social Services Provider

Affordable Care/Services

Many families can't afford the co-pay to get children preventive care and follow-ups. This is mainly working families that do not meet income requirements for welfare assistance. Welfare recipients struggle with transportation to appointments. - Social Services Provider

Cultural/Personal Beliefs

I think this is the community's overall assumption that preventive and routine child care is not a priority. - Other Health Provider

Family Planning

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents.

Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income.

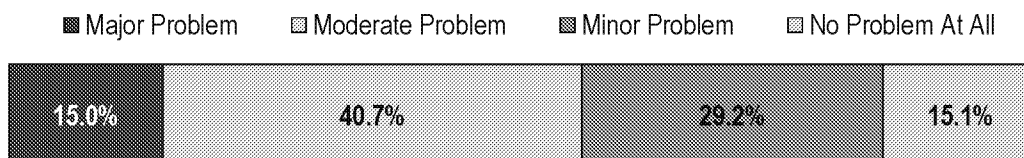
Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Family Planning

Key informants taking part in an online survey generally characterized *Family Planning* as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Not enough resources. - Other Health Provider

I believe we need to have more access to the health department, or see more of what they do. - Community Leader

Although public health offers access to free family planning, we still a dearth of STD screening and utilization of long-acting, reversible contraception because the current process almost always requires two visits for placement. - Physician

Young people aren't accessing this service and there is a lot of pregnancy. Lower income people need to access this service more to prevent sexual transmission of diseases, as well as young people. Help with raising a child for young parents. - Community Leader

There is a societal need for confidential, affordable family planning services. Without the service, there is likely to be a higher rate of unwanted pregnancies. The teen pregnancy rate has been on the decline. - Social Services Provider

Health Education/Awareness

Expanding the awareness of where our family planning office is so it will be utilized more by teens and young parents. - Social Services Provider

I think that people are not well-informed on birth control, in general, and are even less-informed about where it is available. Plus, with the religious underpinnings of the community and the hospital, that creates barriers for family planning. - Other Health Provider

Need more outreach in doctor's offices regarding family planning information and resources. Individuals left to find resources on their own. Many teens and young adults need to know services available. - Social Services Provider

Teenage Pregnancies

Teen pregnancy, single parent homes. - Social Services Provider

Teenage pregnancy and STD's are a major issue with our youth. - Community Leader

Teen pregnancies, alcohol, drug use and tobacco use during pregnancies, low income and domestic violence. DFS is overworked and understaffed. Lack of foster care. - Social Services Provider

Cultural/Personal Beliefs

Family planning is very accessible to everyone; however, there are still a lot of people that don't access family planning, per their own choice. - Other Health Provider

I think this is more of an issue of people actually seeking the services. - Social Services Provider

Low-Income

We have many young families that have children and are adding to the families. - Social Services Provider

Parents are having more children than they can economically help within their households. - Community Leader

Modifiable Health Risks



Professional Research Consultants, Inc.

Actual Causes of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

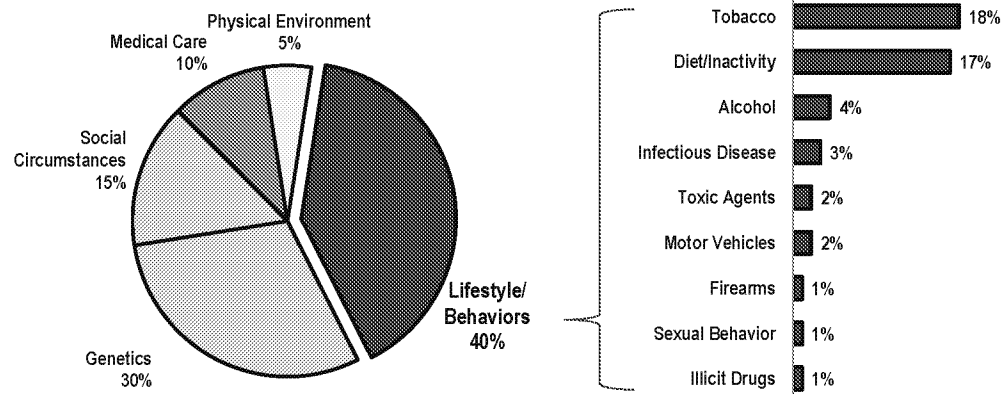
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

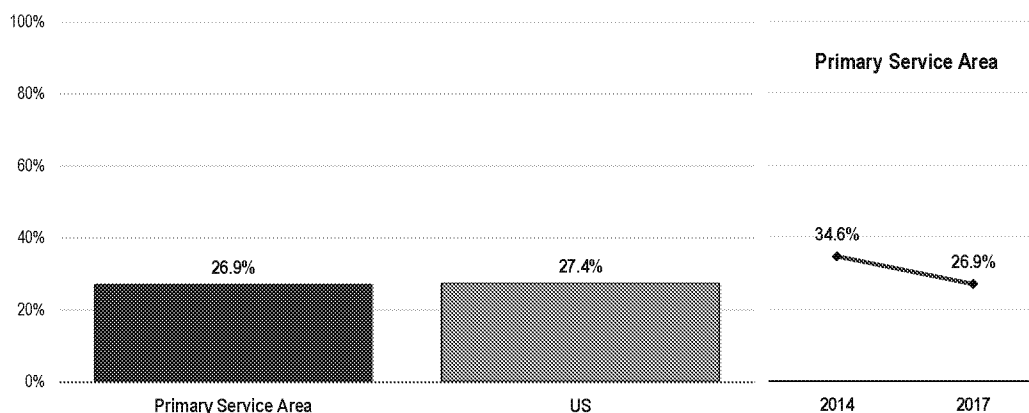
Daily Recommendation of Fruits/Vegetables

A total of 26.9% of Primary Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.
- TREND: Fruit/vegetable consumption has decreased significantly since 2014.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]

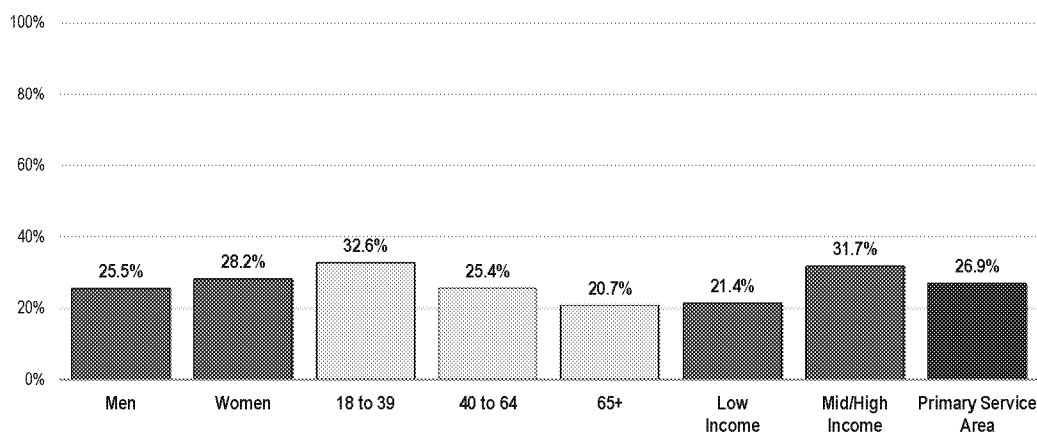
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake on the previous day.

- Community members living at low incomes are less likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

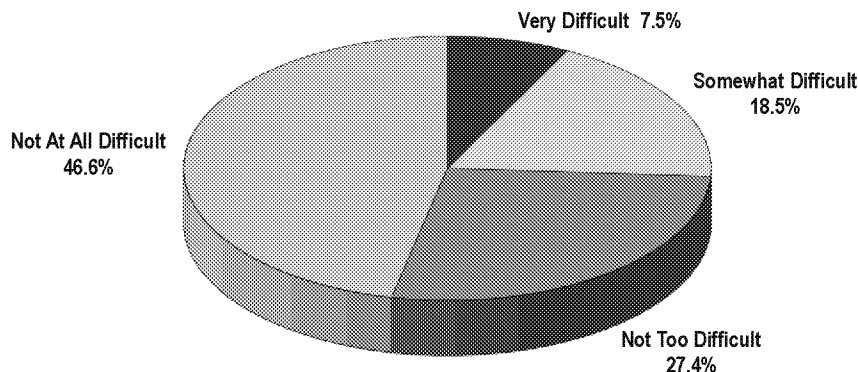
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 26.0% of Primary Service Area adults find it “very” or “somewhat” difficult to access affordable, fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

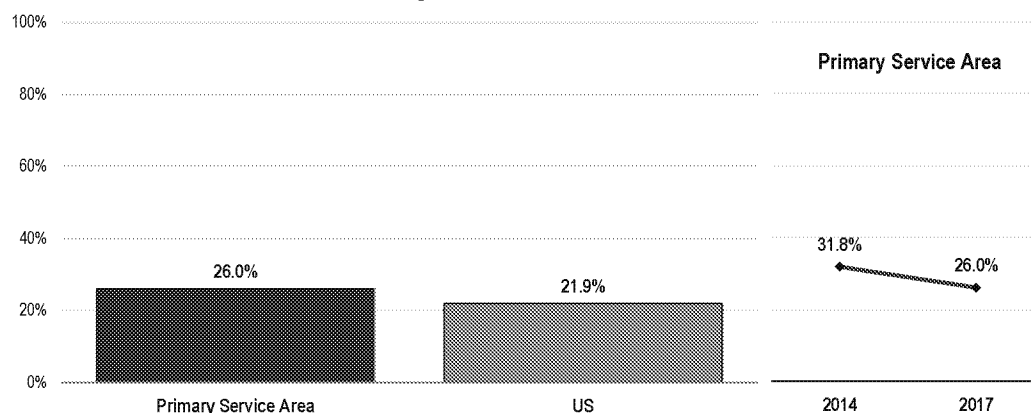
Level of Difficulty Finding Fresh Produce at an Affordable Price (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.

- Statistically similar to national findings.
- TREND: Has not changed significantly since 2014.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

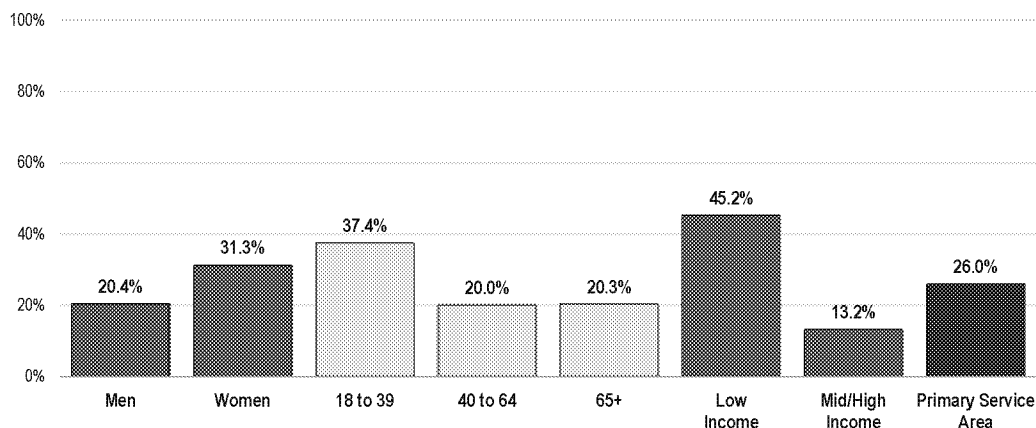


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Young adults (18-39).
- Lower-income residents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes: • Asked of all respondents.

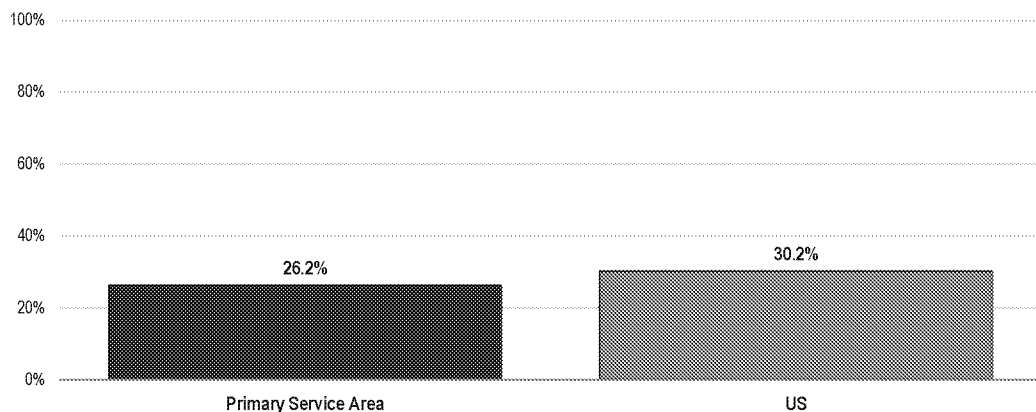
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sugar-Sweetened Beverages

A total of 26.2% of Primary Service Area adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- Statistically similar to national findings.

Had Seven or More Sugar-Sweetened Beverages in the Past Week



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]

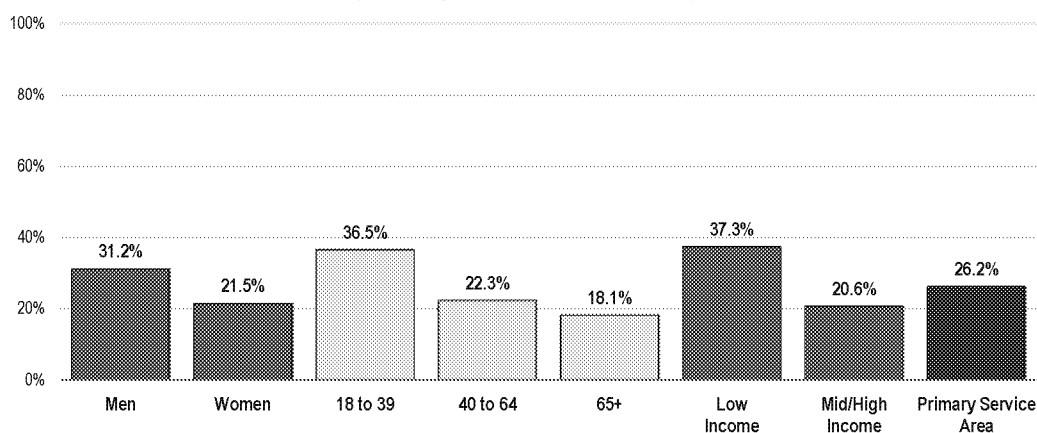
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Those more likely to consume this level of sugar-sweetened beverages include:

- Men.
- Young adults.
- Low-income residents.

Had Seven or More Sugar-Sweetened Beverages in the Past Week (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

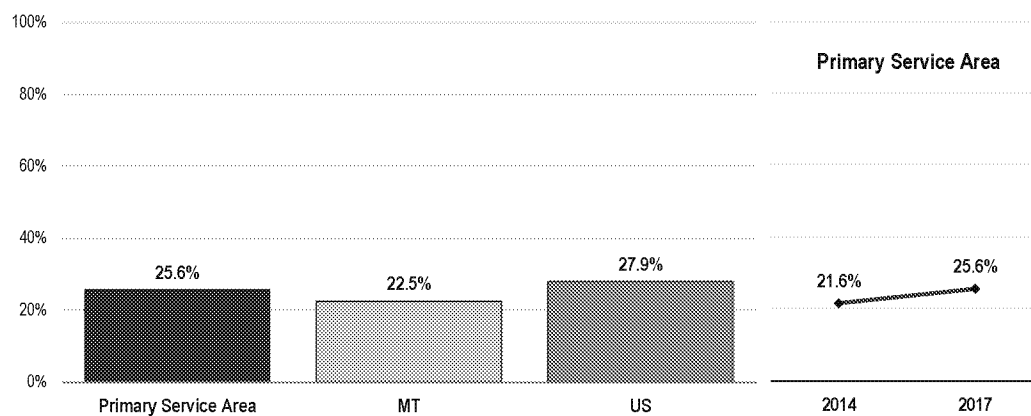
A total of 25.6% of Primary Service Area adults report no leisure-time physical activity in the past month.

- Statistically similar to statewide and national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- TREND: Statistically unchanged since 2014.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 106]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

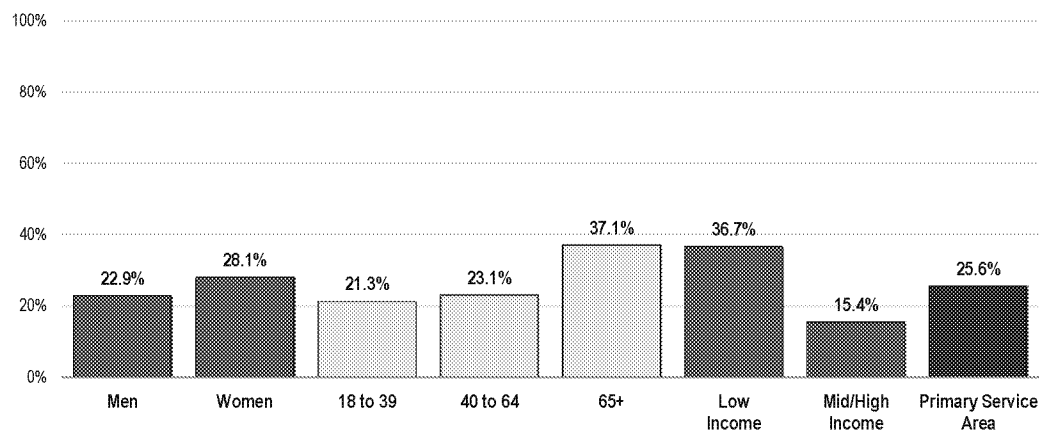
Lack of leisure-time physical activity in the area is higher among:

- Seniors (65+).
- Low-income residents.

No Leisure-Time Physical Activity in the Past Month

(Primary Service Area, 2017)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Aerobic & Strengthening Physical Activity

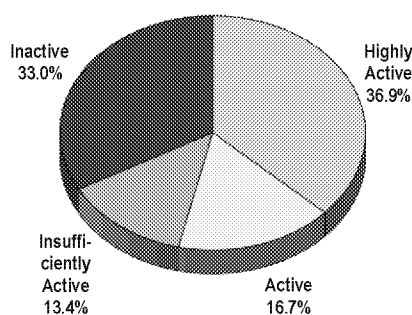
Based on reported physical activity intensity, frequency and duration over the past month, 46.4% of Primary Service Area adults are found to be “insufficiently active” or “inactive.”

A total of 57.9% of Primary Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

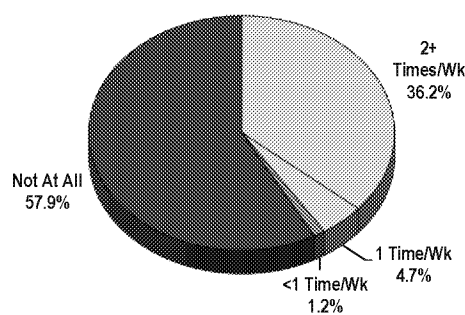
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- “inactive” includes those reporting no aerobic physical activity in the past month.
- “insufficiently active” includes those with the equivalent of 1–150 minutes of aerobic physical activity per week.
- “Active” includes those with 150–300 minutes of weekly aerobic physical activity.
- “Highly active” includes those with >300 minutes of weekly aerobic physical activity.

Participation in Physical Activities (Primary Service Area, 2017)



Aerobic Activity



Strengthening Activity

Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 173]

Notes: • Reflects the total sample of respondents.

- In this case, “inactive” aerobic activity represents those adults participating in no aerobic activity in the past week; “insufficiently active” reflects those respondents with 1–149 minutes of aerobic activity in the past week; “active” adults are those with 150–300 minutes of aerobic activity per week; and “highly active” adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 27.5% of Primary Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity.

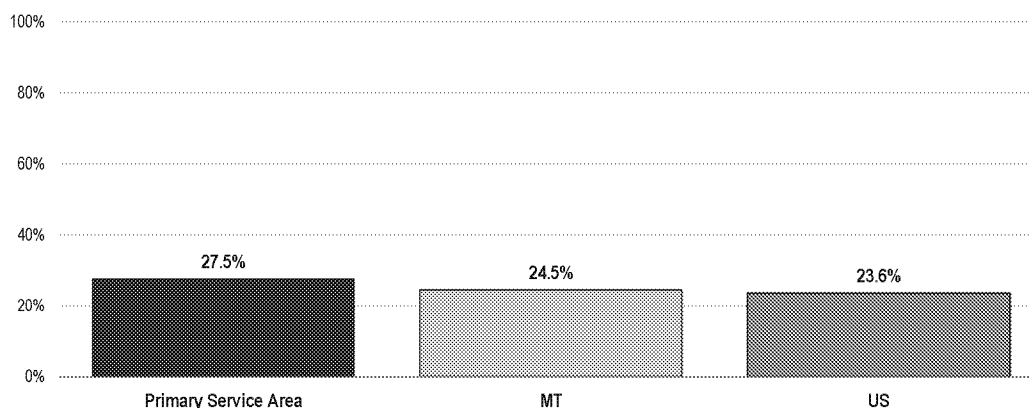
Aerobic activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both, and

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles

- Statistically comparable to statewide and national findings.
- Satisfies the Healthy People 2020 target (20.1% or higher).

Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



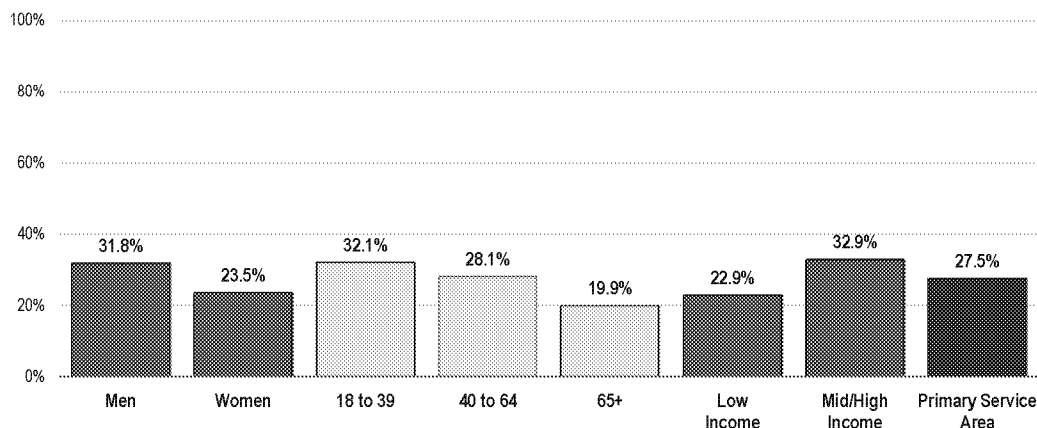
- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 Montana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

- Low-income residents are less likely than their higher earning counterparts to meet physical activity requirements.

Meets Physical Activity Recommendations

(Primary Service Area, 2017)

Healthy People 2020 Target = 20.1% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

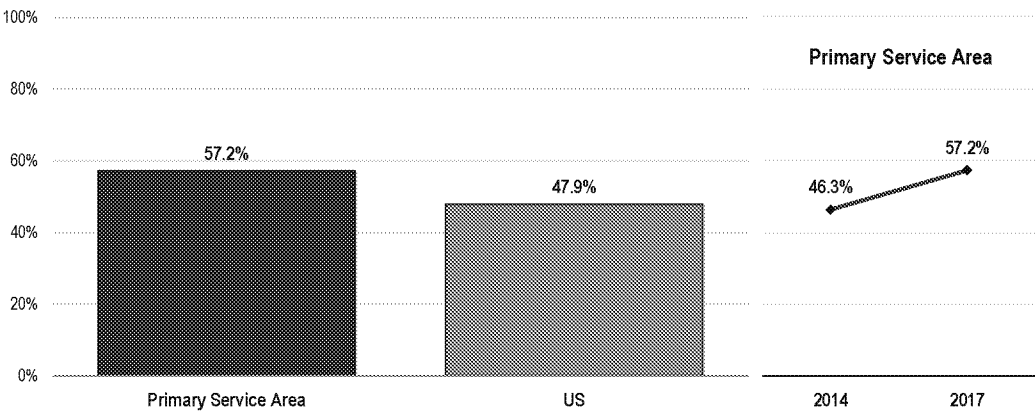
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Primary Service Area children age 2 to 17, 57.2% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Statistically similar to the national rate.
- TREND: Statistically unchanged from the 2014 survey findings.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

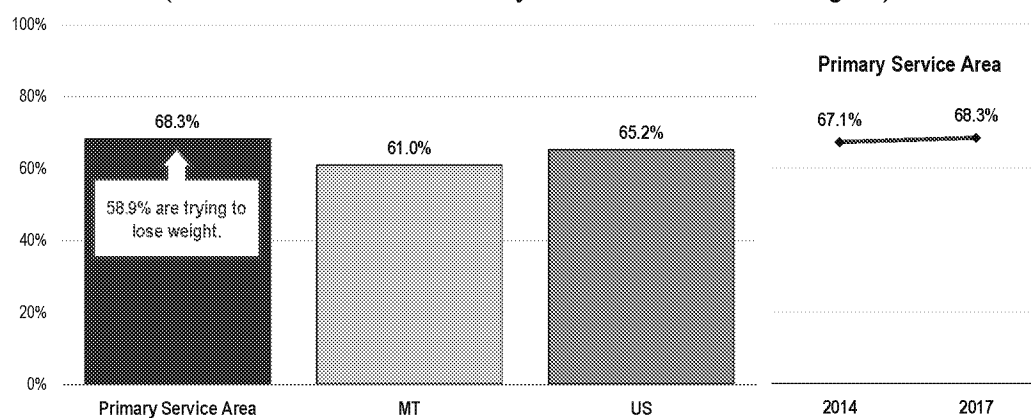
Nearly 7 in 10 Primary Service Area adults (68.3%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Higher than the Montana prevalence.
- Comparable to the US overweight prevalence.
- TREND: Statistically unchanged since 2014.

Note that 58.9% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 176-177]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

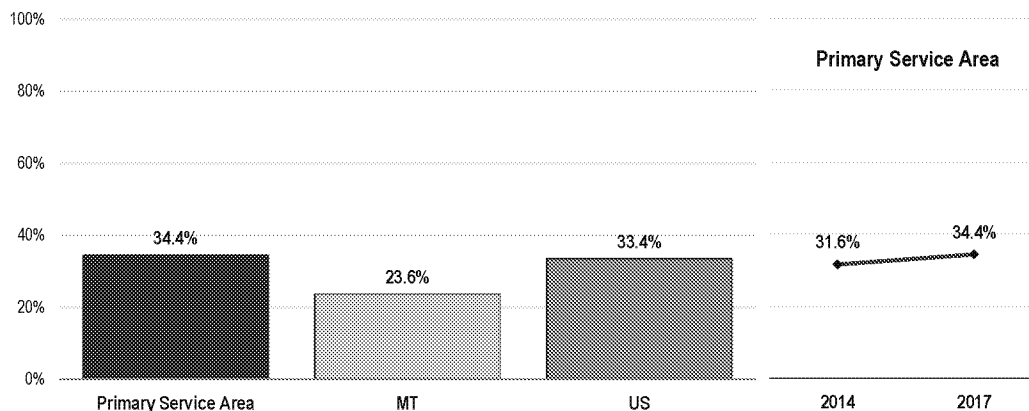
Further, 34.4% of Primary Service Area adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

- Considerably less favorable than Montana findings.
- Similar to US findings.
- Statistically similar to the Healthy People 2020 target (30.5% or lower).
- TREND: No significant change in obesity has occurred since 2014.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 176]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.

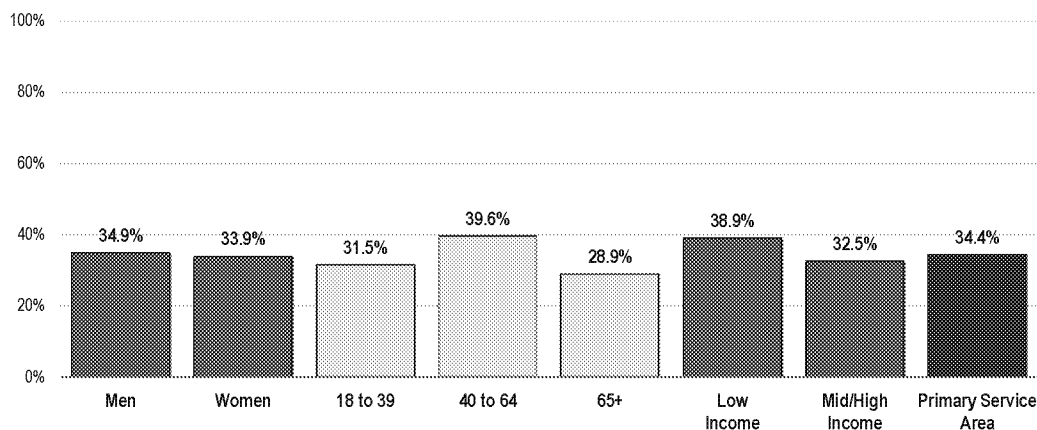
Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

• The obesity prevalence is statistically similar among the following population segments.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Primary Service Area, 2017)
Healthy People 2020 Target = 30.5% or Lower



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

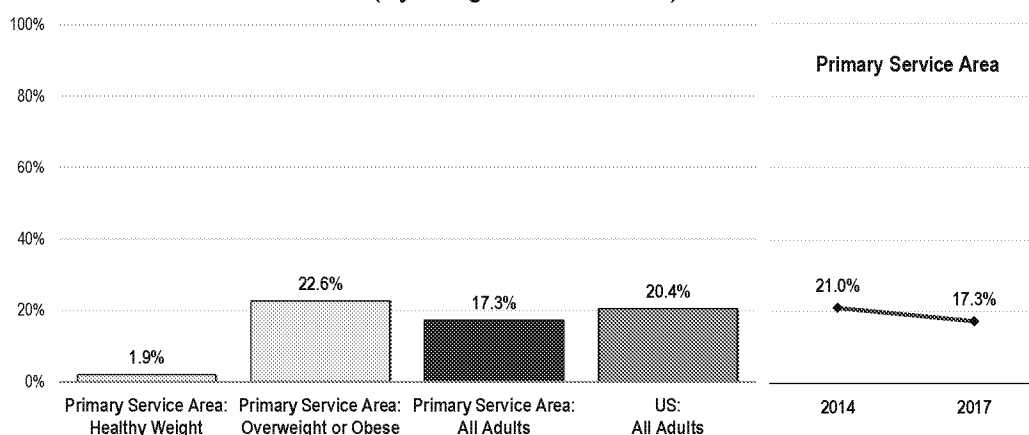
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Health Advice

A total of 17.3% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in 2014.
- Note that 22.6% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over three-fourths have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 115, 178-179]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Relationship of Overweight With Other Health Issues

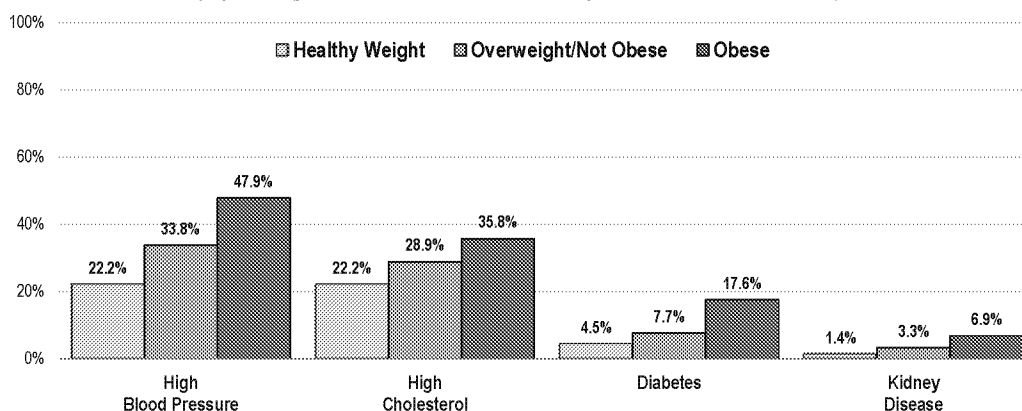
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- High blood pressure.
- High cholesterol.
- Diabetes.
- Kidney disease.

The correlation between overweight and various health issues cannot be disputed

Relationship of Overweight With Other Health Issues (By Weight Classification; Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 32, 147, 148, 158]
 Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

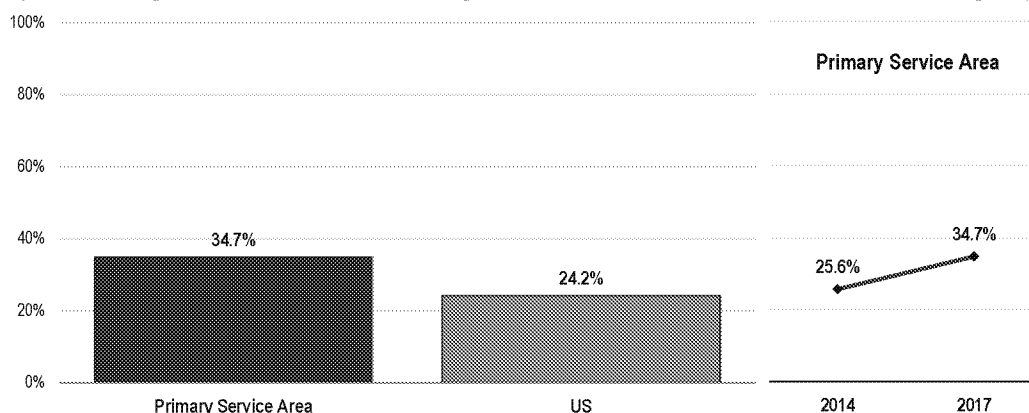
- Underweight <5th percentile
 - Healthy Weight ≥5th and <85th percentile
 - Overweight ≥85th and <95th percentile
 - Obese ≥95th percentile
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 34.7% of Primary Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to the national prevalence.
- TREND: The increase in prevalence of overweight/obese children since 2014 is not statistically significant.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.

• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

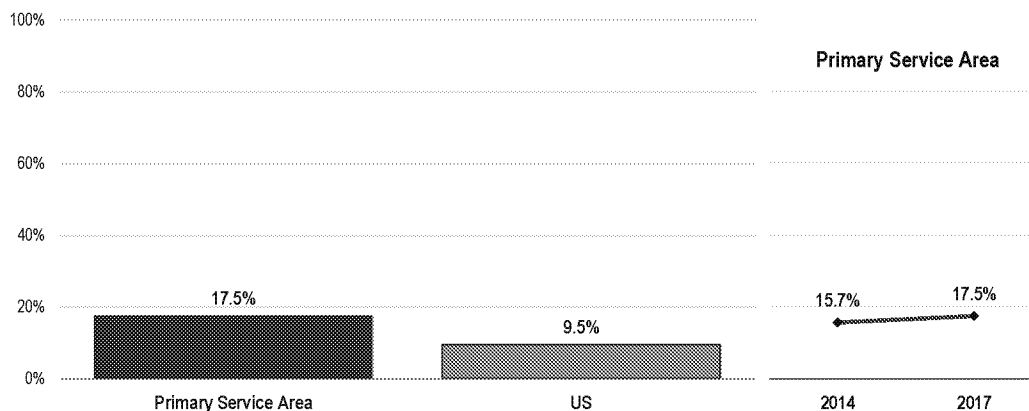
Further, 17.5% of area children age 5 to 17 are obese (≥95th percentile).

- Statistically comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged since 2014.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]

Notes: • Asked of all respondents with children age 5-17 at home.

• Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized **Nutrition, Physical Activity & Weight** as a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2017)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Healthy Foods

Options for healthy eating are very limited in Butte. Many people seem to be overweight. - Community Leader

Not that many healthy choices for places to eat. Not many bike-friendly streets. - Other Health Provider

Food selections and restaurant options. Few healthy food places and lots of quick food options, without concern for healthy options. Obesity seems to be pretty widespread. In my experience, doctors are not addressing preventative or proactive healthcare. - Community Leader

Too many fast food options. Obesity leads to secondary health issues. - Social Services Provider

Food, dessert and cold, long winters. - Physician

Access to affordable, nutritious foods. - Other Health Provider

Fast food society. - Community Leader

Children overweight at very young ages. Parents need better access to nutrition planning on a budget. - Social Services Provider

Access to nutritious food. Also, cold temps and icy streets prevent people from getting out and exercising in the winter months. - Other Health Provider

Cost of healthy whole foods; patients with limited income cannot afford healthier foods. - Other Health Provider

Affordable Care/Services

Butte is a poor community, and it seems the poorer population has less ability to afford good nutrition and access to free ways to exercise. No gym memberships, ability to exercise in the winter, etc. - Other Health Provider

Cost and climate are the significant challenges. It costs to join facilities to work out during the winter months. It also costs and requires a significant amount of planning time and work as it relates to preparing nutritional food each day. - Community Leader

Lack of access to cost-affordable education and exercise opportunities. The YMCA is a wonderful resource, but without the previous discounts, many patients cannot afford this resource. - Physician

Low income, non-participation in physical activity programs. Unwillingness to follow good nutritional guidelines. - Social Services Provider

Income level. People trying to pay bills and put food on the table aren't concerned about fitness. - Other Health Provider

Poverty, lack of education and lack of resources. - Social Services Provider

Health Education/Awareness

If we are doing these things correctly in our lives, there should be less heart disease, diabetes, stroke, etc. Therefore, there is a need to emphasize programs and education that are preventive. - Social Services Provider

People today truly do not understand the importance of diet and how important healthy eating is. Most of this is ignorance and the fast food mentality most people have. Also people do not understand how important physical activity is. - Social Services Provider

Education at a young age about healthy eating and exercise, including the parents. - Community Leader

Shortage of healthy lifestyle education and programs for youth; same for adults. Challenging the cultural mindset of fatty, unhealthy eating and drinking. More fitness locations, better health and wellness incentives in employer benefits packages. - Community Leader

Educating people regarding the importance of proper nutrition and physical activity in regard to both physical and mental health. In other words, trying to establish healthy eating habits and the importance of physical activity. - Community Leader

The resources are available, but the motivation is minimal for a lot of people that need to be more conscious of their physical well-being. - Other Health Provider

There is no program for nutrition in Butte. St. James has dietitians, but they're part-time and doing contract work for other communities, WIC in Anaconda, etc. They have not built a program that works to improve weight and nutrition issues of community. - Other Health Provider

This is a need for all individuals to address medical issues on a preventative level. - Social Services Provider

Insufficient Physical Activity

Difficulty with youth exercising and getting out. Too much emphasis on video games. Also, diet and poverty play a major role in the community with a lot of fast food or cheaper alternatives. - Social Services Provider

I believe we need to have a more active community with better ease to places to participate in physical activity. I think the majority of the town is overweight, including the children of Butte. - Community Leader

Lifestyle

Obesity and inactivity. Butte needs a continued focus on making our community more walkable and bike-friendly, healthy choices for nutrition, etc. - Community Leader

Inactive citizens and poor lifestyles. - Community Leader

Overweight/Obesity

High incidence of obesity. - Community Leader

Appears that many children are struggling with being overweight/obese. - Social Services Provider

Environmental Issues

I believe that our climate is a barrier for physical activities, especially with aging populations. - Community Leader

Safety

Unsure if people feel safe being outside alone and active. Unsure if all people have transportation to the five major grocery stores (with produce sections). I think there could be better linkage between public health and county development/planning. - Public Health Representative

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

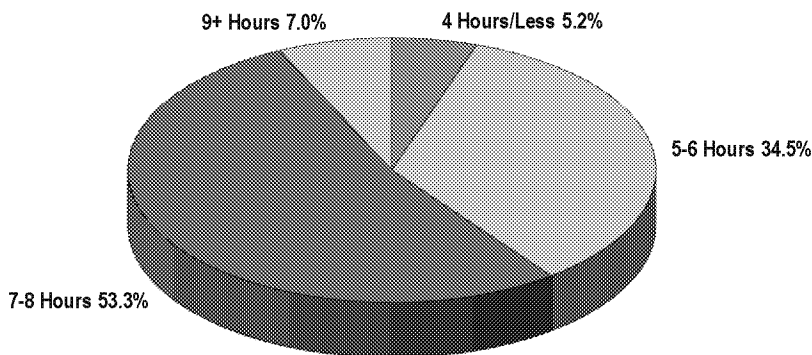
Habits for improving sleep health can include:

- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
 - Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
 - Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
 - Avoid large meals, caffeine, and alcohol before bedtime.
 - Avoid tobacco/nicotine.
 - Get some exercise. Being physically active during the day can help you fall asleep more easily at night.
- Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

When asked how many hours of sleep they average per night, 53.3% of survey respondents stated between 7 and 8 hours, and 7.0% get 9+ hours of sleep per night.

- On the other hand, 39.7% of local adults sleep fewer than 7 hours per night (including 5.2% who report sleeping 4 hours or less on an average night).

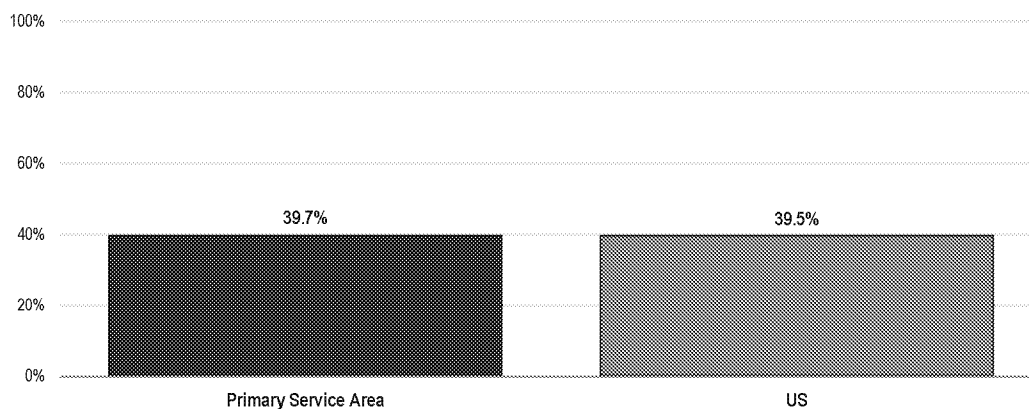
Average Hours of Sleep Per Night
(Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: • Asked of all respondents.

- ♦ The percentage of survey respondents averaging fewer than 7 hours per night is nearly identical to the national figure.

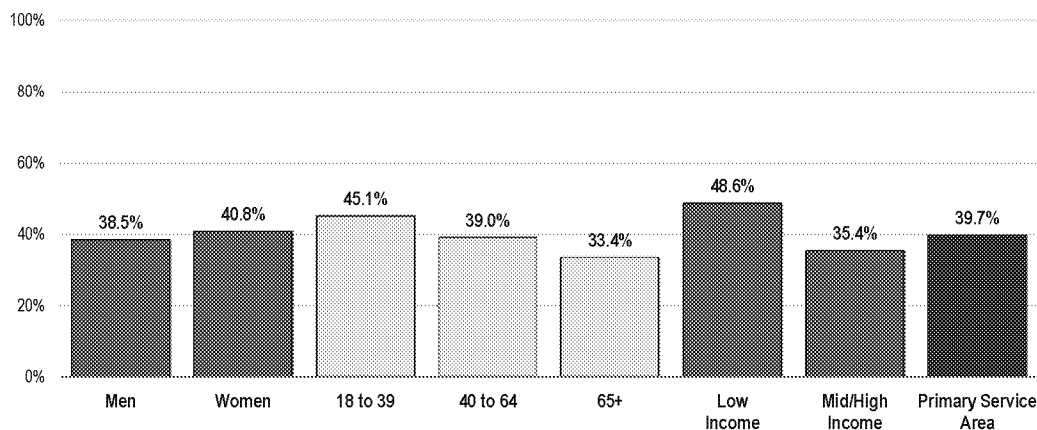
Generally Sleep Less Than Seven Hours Per Night



- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

- ♦ Low-income adults are more likely than adults in the higher income category to sleep fewer than 7 hours on an average night.

Generally Sleep Less Than Seven Hours Per Night (Primary Service Area, 2017)



- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

"Excessive drinking" includes heavy and/or binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE:
See also *Stress in the Mental Health* section of this report.

Alcohol Use

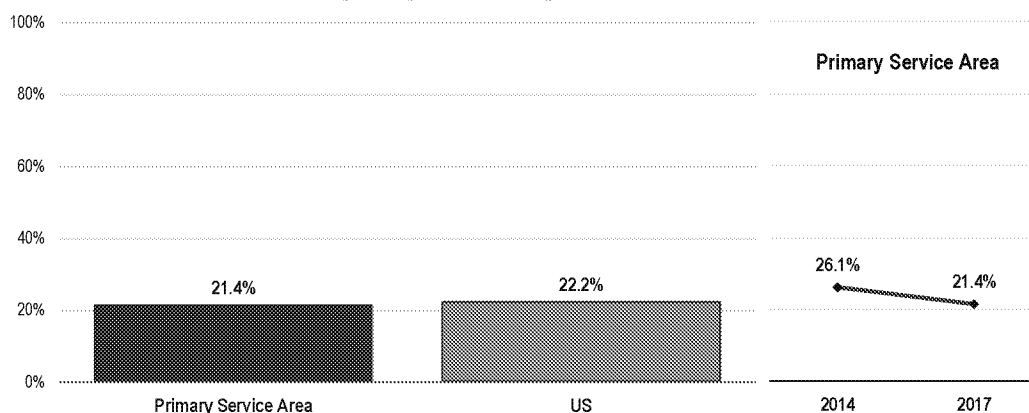
Excessive Drinking

A total of 21.4% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Similar to the national proportion.
- Statistically similar to the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2014.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes: • Asked of all respondents.

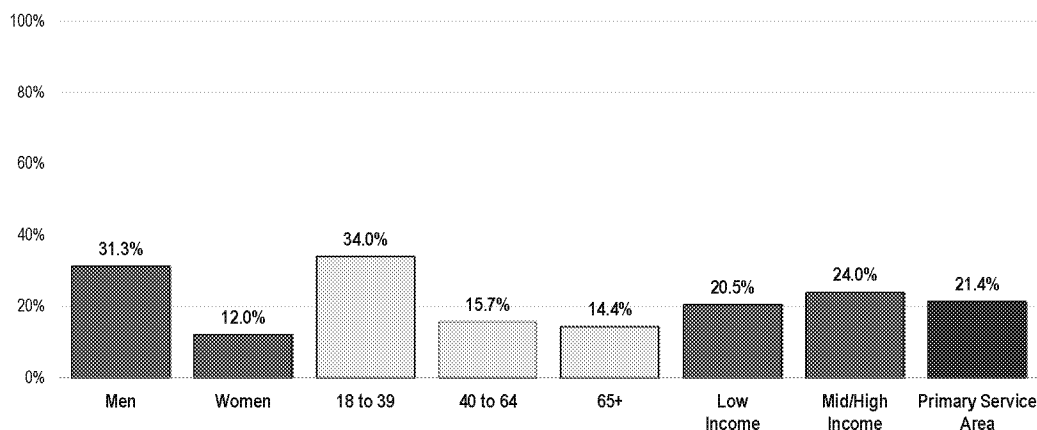
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men and young adults (18-39).

Excessive Drinkers

(Primary Service Area, 2017)

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

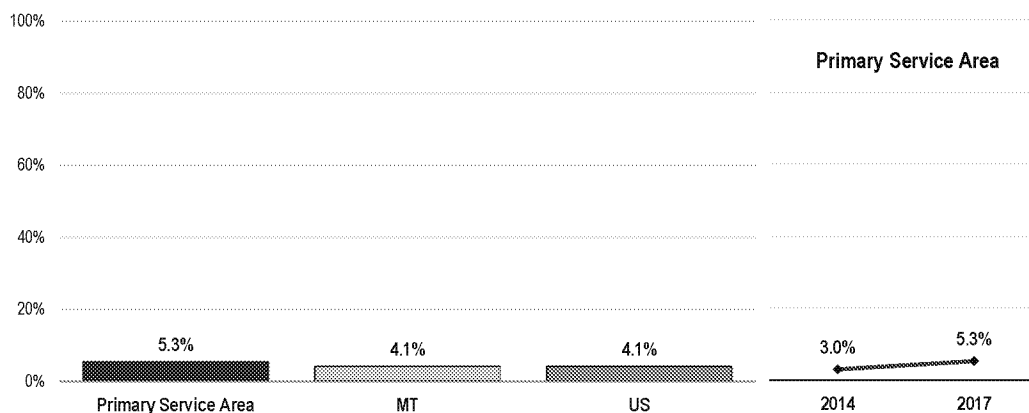
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving

A total of 5.3% of Primary Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the statewide and national findings.
- TREND: The drinking and driving prevalence has not changed significantly since 2014.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2014 Montana data.

Notes: • Asked of all respondents.

Illicit Drug Use

A total of 2.2% of Primary Service Area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- TREND: Statistically unchanged over time.

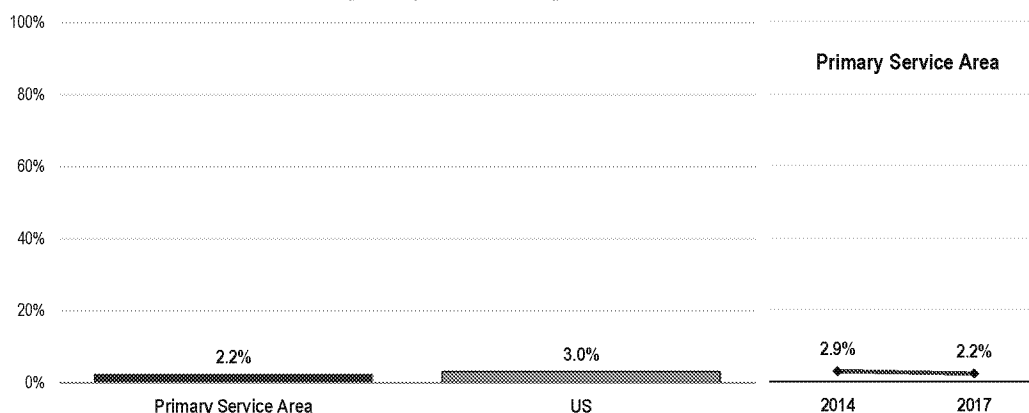
Note: As a self-reported measure -- and because this indicator reflects potentially illegal behavior -- it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure -- and because this indicator reflects potentially illegal behavior -- it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



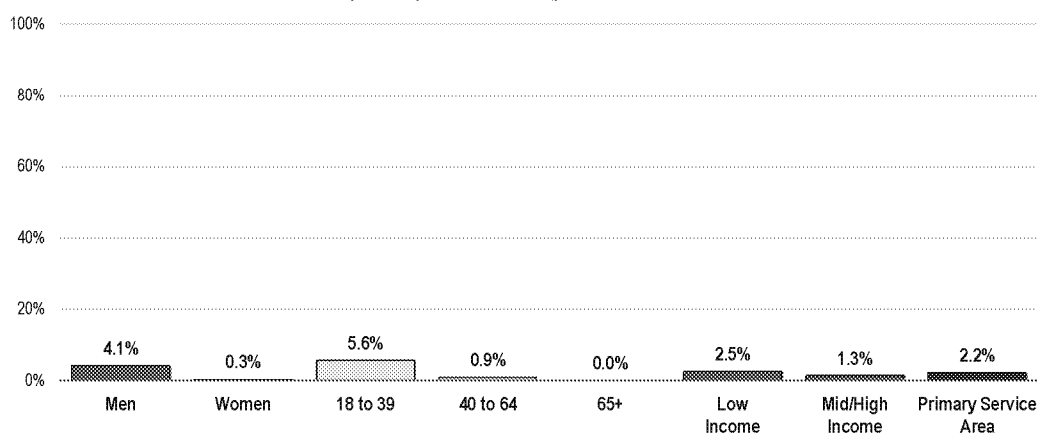
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

• Illicit drug use is more prevalent among men and adults under age 40.

Illicit Drug Use in the Past Month

(Primary Service Area, 2017)

Healthy People 2020 Target = 7.1% or Lower



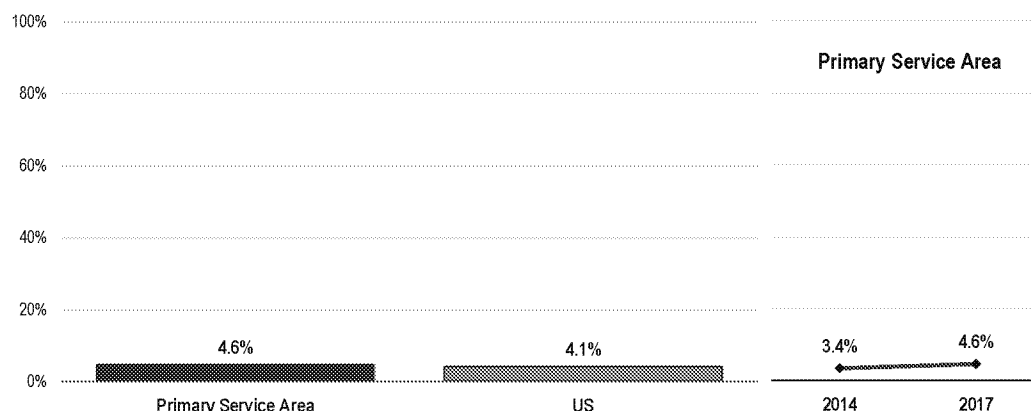
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 4.6% of Primary Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- TREND: Statistically unchanged since 2014.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 68]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

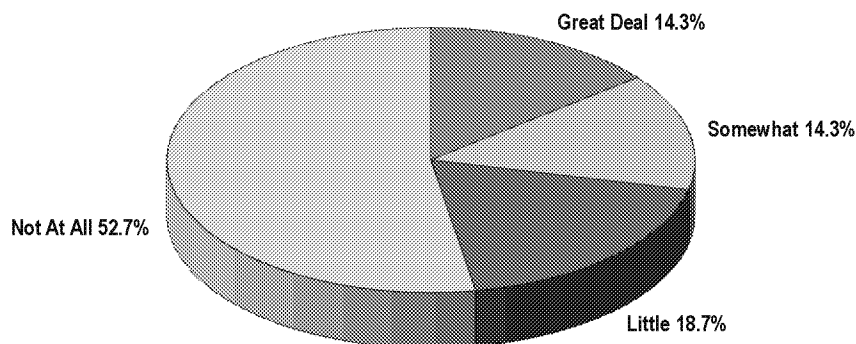
Notes: • Asked of all respondents.

Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been negatively affected (52.7% “not at all” responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Primary Service Area, 2017)

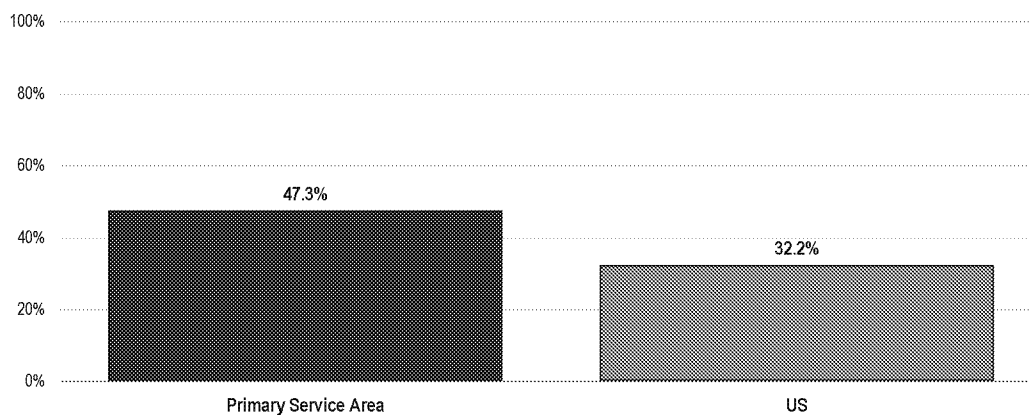


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: • Asked of all respondents.

In contrast, 47.3% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 14.3% who gave “a great deal” responses.

- ♦ The prevalence of area adults whose lives have been negatively affected by substance abuse is much higher than the national response.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

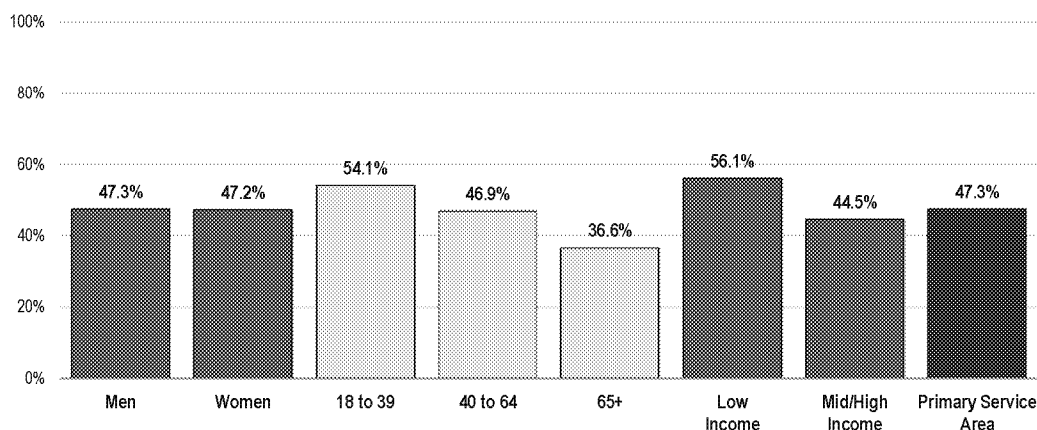


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Young adults.
- Low-income residents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

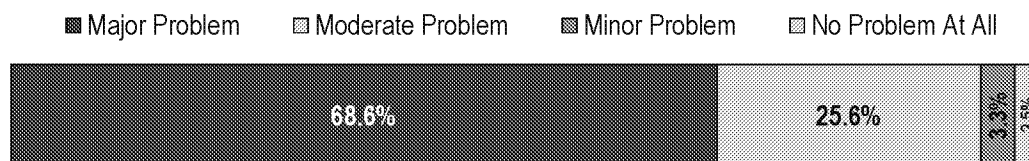
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

Over two-thirds of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

There isn't enough room in the chemical dependency center to help all that are in need of this service. People have to wait, and while they're waiting, they can't stay clean. They're back out using. This is a disease and about when people decide they want help. - Community Leader

Location. Most of these facilities are located 80+ miles away, and a lot of patients do not have transportation for this. Also, placement is so difficult because of the lack of facilities - Other Health Provider

Access to treatment when the person is ready and willing. Oftentimes, there is a long wait before a bed is open anywhere. A lot of times, I feel that if a person were able to get into treatment that very day, they could decide they want to get sober. - Other Health Provider

There is only one outpatient alcohol treatment program in Butte. The state inpatient treatment program is in Butte. It is voluntary and has limited beds. It is chronically understaffed. Trained LAC's are poorly paid. - Social Services Provider

Only one facility in the state, MCDC, for those who do not have health insurance to pay. Also, not many private facilities for treatment. Lack of understanding by most that addiction is a brain disease and, therefore, needs appropriate treatment. - Social Services Provider

There are no detox programs in the county. People can die in this process without proper care. Although the county has inpatient treatment, there is most often a wait list. - Social Services Provider

Difficult to access substance abuse programming. Most providers that provide substance abuse counseling are extremely busy, and patient loads are heavy. MCDC is available. - Social Services Provider

Transitional living facilities and treatment options. - Social Services Provider

Lack of local treatment options. - Community Leader

I do know there is always a need to work harder on substance and drug abuse. I realize there are programs available and many 12-step programs, as well. I do believe we can never give up trying. It is not only a problem in Butte, but throughout Montana. - Community Leader

Limited services and availability to those services. - Social Services Provider

The number of beds for adults and the absence of beds for youth. - Community Leader

Lack of facilities and counseling options. - Community Leader

Lack of treatment beds and lack of support groups. - Other Health Provider

Need open panel. More than one agency to provide service. Also, Butte has a drinking culture that makes treatment difficult. Stigma. - Social Services Provider

Timely access to resources. Stigma. - Social Services Provider

There is a lack of treatment centers, resulting in a waiting list. The largest barrier, however, is people not using or wanting treatment. - Other Health Provider

Lack of access to an inpatient treatment facility. - Community Leader

Limited services. - Community Leader

Limited resources in the community. Programs willing to treat individuals concurrently. Access. - Other Health Provider

Not enough resources. Also, the abusers must want and seek out the help they need. - Community Leader

Lack of treatment options. Substance abuse with mental health issues can be difficult to treat. - Social Services Provider

Not enough facilities. - Other Health Provider

I don't see a huge gap in this service. We have START, as well as MCDC here in Butte. - Social Services Provider

Screening and referral. - Physician

Prevalence/Incidence

We see increasing rates of opioid addiction and methamphetamine use. Daily, I see people wanting to get help but not having access to resources for treatment. - Physician

Big problem. Overwhelming problem. Needs to be thought of as a public health issue, not a problem of an individual. - Social Services Provider

Substance abuse is significant in the Butte community. This includes alcohol, prescription drug abuse and illegal drug use. There are few resources for people with substance use issues outside of AA, and especially people without the ability to pay. - Other Health Provider

Documented high need in Silver Bow. Too many clients per counselors available to meet the need. - Social Services Provider

Chemical Dependency. Alcohol and drug use. Butte has a high level of CD and overall alcohol use, especially at a young age. This has directly contributed to an elevated suicide rate, but we do not address this problem enough. - Other Health Provider

Lots of alcohol abuse and DUI's. Meth use and pot smoking in younger people is growing. - Community Leader

Meth is a huge problem, and I believe community resources are limited in being able to address the issue, just due to the sheer magnitude of the issue. - Public Health Representative

We have a large drug problem. We just don't have the right resources to get people or families the help they need. - Community Leader

I see many elderly people with caregivers who are relatives with substance abuse issues. They steal meds or steal money or valuables to pay for their substance of choice. Some don't want help, which is probably the biggest barrier at all. - Social Services Provider

Epidemic everywhere. Restriction of controlled substances. In the past, pain was a vital sign that had to be addressed, now patients do not know how to cope with chronic pain without controlled substances. - Other Health Provider

Meth is ruining our families and touching too many children's lives. - Social Services Provider

High rates of substance abuse/use in Silver Bow County. Everyone impacted. Children, families, individuals, providers, etc. - Social Services Provider

Addiction. - Community Leader

Denial/Stigma

Individual resistance to get the help they need. - Community Leader

Self-denial and a culture of acceptance, in addition to lack of resources. - Social Services Provider

Criminalization of addiction, long waiting period or no access to appropriate residential treatment, no transitional housing. - Social Services Provider

Personal acceptance by individuals that they have a problem. Cost of treatment. - Social Services Provider

Willingness of the individual to seek treatment. Waiting time for detox services and lack of detox services. - Social Services Provider

Lack of willingness on the part of the individual needing the services. - Community Leader

Persons who are highly addicted are unable to make a choice to seek treatment. Generally, they stop using drugs if incarcerated, but then resume upon release. - Community Leader

Access to Drugs/Alcohol

Too many bars and casinos. Cultural norms to drink and gamble. Lack of programming to challenge the norms and get/keep people fit and clean, prevent habits. Ineffective existing programming, Butte CARES. - Community Leader

Casinos are widely available. Alcohol is available on every corner, even to the very young. Drugs, especially meth, are being bought and sold and used right under our noses, and we do not recognize the signs of use. - Community Leader

Access to substances. Community indifference/acceptance. - Community Leader

The availability of materials to produce drugs. - Community Leader

*Affordable Care/Services**Cost. - Community Leader**High cost and low reimbursement. - Other Health Provider**The availability of inpatient substance abuse treatment that is mandated by the legal system and/or voluntary. Individuals who are private pay will go to another community in Montana or out-of-state for long-term inpatient treatment. - Social Services Provider**Access to affordable/free inpatient and outpatient treatment. - Other Health Provider**Funding and getting timely care. - Social Services Provider**Health Education/Awareness**No community understanding of the issue, what causes it and what encourages it. Access to drugs is easy, law enforcement is not strong enough on the issue. - Community Leader**Community information, listing resources and ability to pay for treatment. - Community Leader**Reaching the people who need it. Having the services available. Having additional support systems that help people stay in the services, like active faith community involvement and other community organizations that provide support systems. - Social Services Provider**People who are substance abusers are probably not aware of what the community has to offer to help them fight their addictions. - Community Leader**Societal Norms**Substance abuse is so prevalent in the community that it is considered "normal"- even celebrated.**Stigma about seeking help, and meth is readily available. Limited number of beds for inpatient treatment in community. - Community Leader**Culture in Butte, Montana. - Community Leader**Cultural attitudes toward substance abuse. Lack of inpatient facilities. - Community Leader**Lack of Providers**I believe that it has to do with the significant number of people who are fighting substance abuse issues with not enough healthcare professionals to handle the volume. Cost of treatment programs is also a probable barrier. - Community Leader**Lack of providers. - Other Health Provider**Work**Work-related situations. - Community Leader*

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** and **methamphetamine/other amphetamines** as the most problematic substances abused in the community, followed by **prescription medications** and **marijuana**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	50.0%	26.3%	15.8%	35
Methamphetamines or Other Amphetamines	42.1%	31.6%	13.2%	33
Prescription Medications	5.3%	18.4%	26.3%	19
Marijuana	0.0%	15.8%	26.3%	16
Heroin or Other Opioids	0.0%	5.3%	5.3%	4
Cocaine or Crack	0.0%	0.0%	7.9%	3
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	2.6%	0.0%	0.0%	1
Over-The-Counter Medications	0.0%	2.6%	0.0%	1
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	2.6%	1
Inhalants	0.0%	0.0%	2.6%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

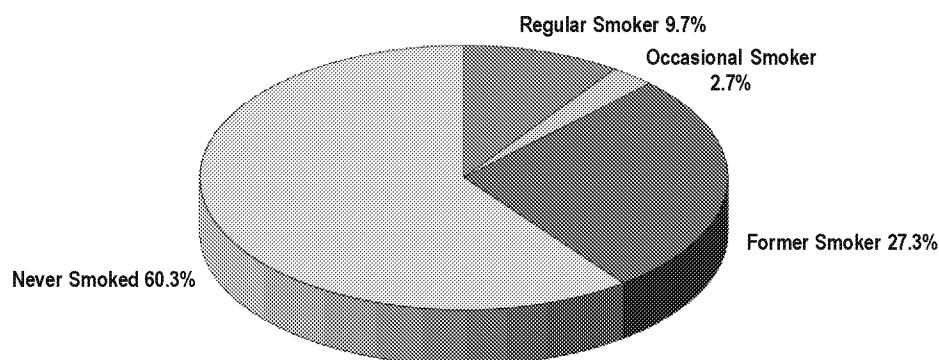
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 12.4% of Primary Service Area adults currently smoke cigarettes, either regularly (9.7% every day) or occasionally (2.7%).

Cigarette Smoking Prevalence (Primary Service Area, 2017)



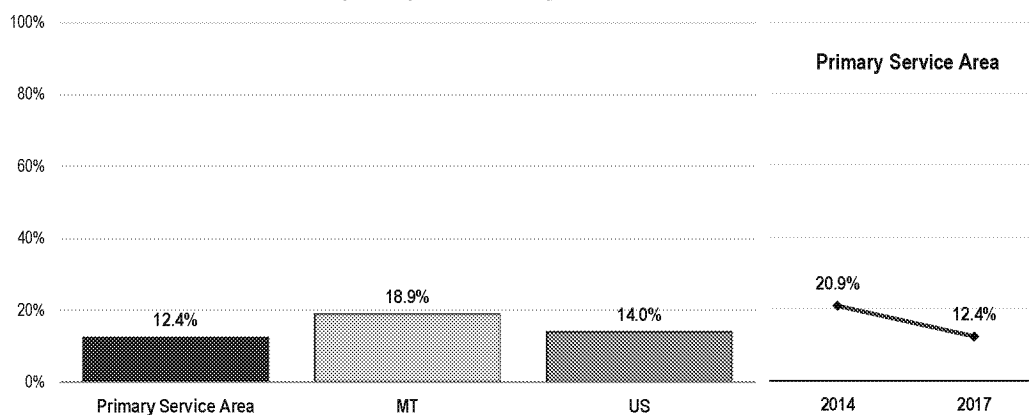
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
Notes: • Asked of all respondents.

- More favorable than statewide findings.
- Similar to national findings.

- Similar to the Healthy People 2020 target (12% or lower).
- TREND: The current smoking percentage has decreased significantly since 2014.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 181]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 Montana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

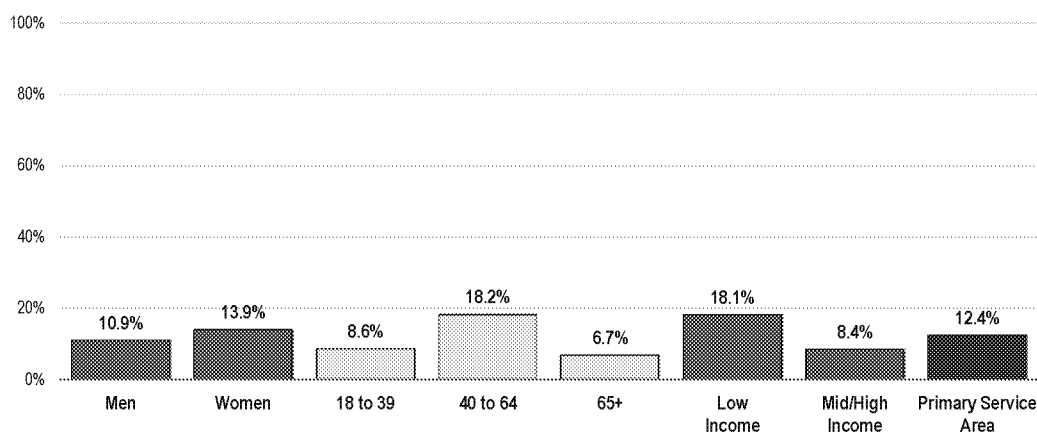
Cigarette smoking is more prevalent among:

- Adults between the ages of 40 and 64.
- Lower-income residents.

Current Smokers

(Primary Service Area, 2017)

Healthy People 2020 Target = 12.0% or Lower



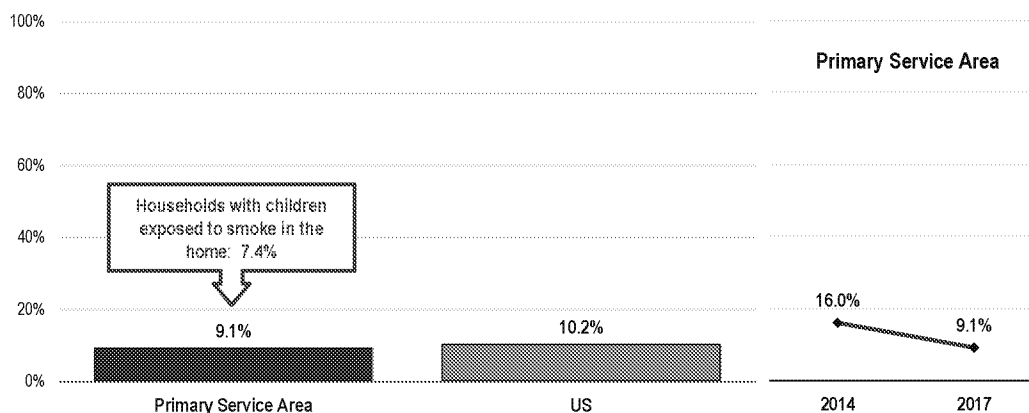
- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes regular and occasional smokers (every day and some days).

Environmental Tobacco Smoke

A total of 9.1% of Primary Service Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to national findings.
- TREND: Marks a statistically significant decrease over time.
- Note that 7.4% of Primary Service Area children are exposed to cigarette smoke at home, similar to what is found nationally (not shown).

Member of Household Smokes at Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 58, 184]

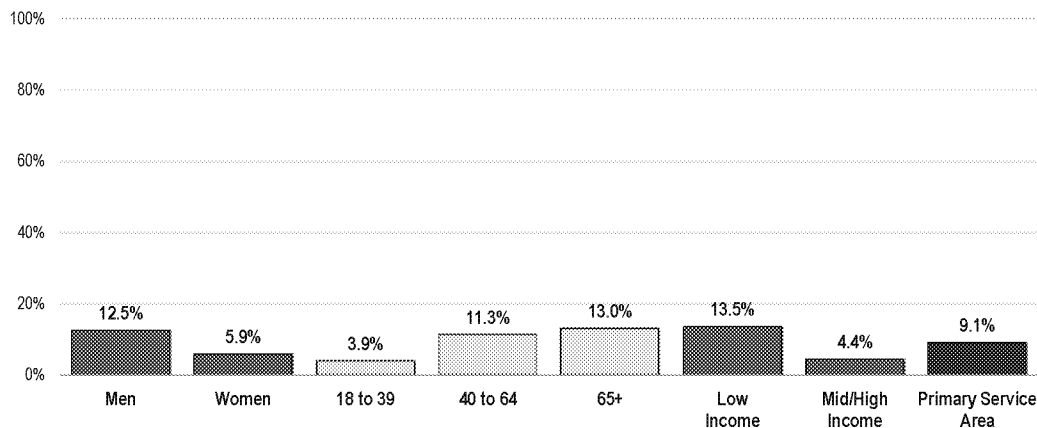
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Higher among men, adults age 40 and older, and residents with lower incomes.

Member of Household Smokes At Home (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

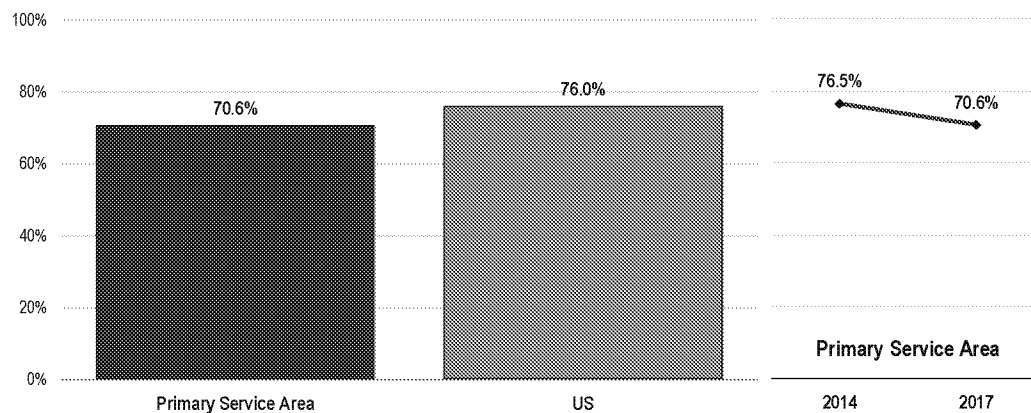
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 70.6% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically similar to the national percentage.
- TREND: No statistically significant change since 2014.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 57]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

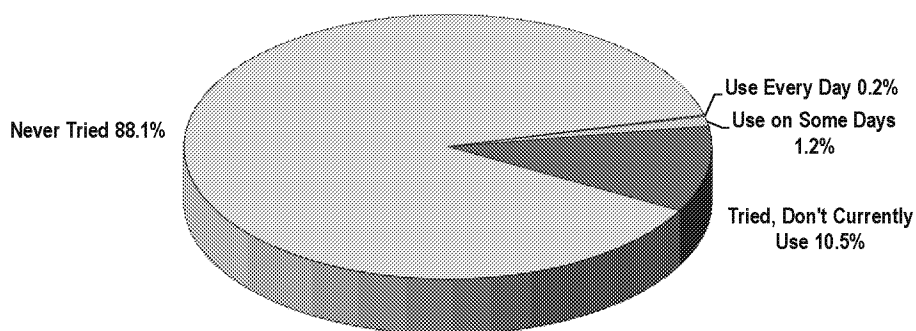
Notes: • Asked of respondents who smoke cigarettes every day or occasionally.

Other Tobacco Use

Electronic Cigarettes

A total of 1.4% of Primary Service Area adults currently use electronic cigarettes (“e-cigarettes”), either regularly (0.2% every day) or occasionally (1.2% on some days).

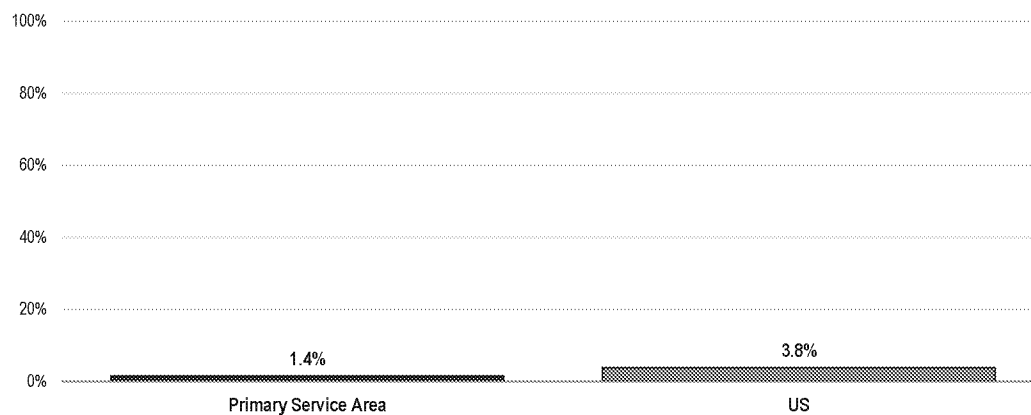
Electronic Cigarette Use (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
Notes: • Asked of all respondents.

• More favorable than found nationally.

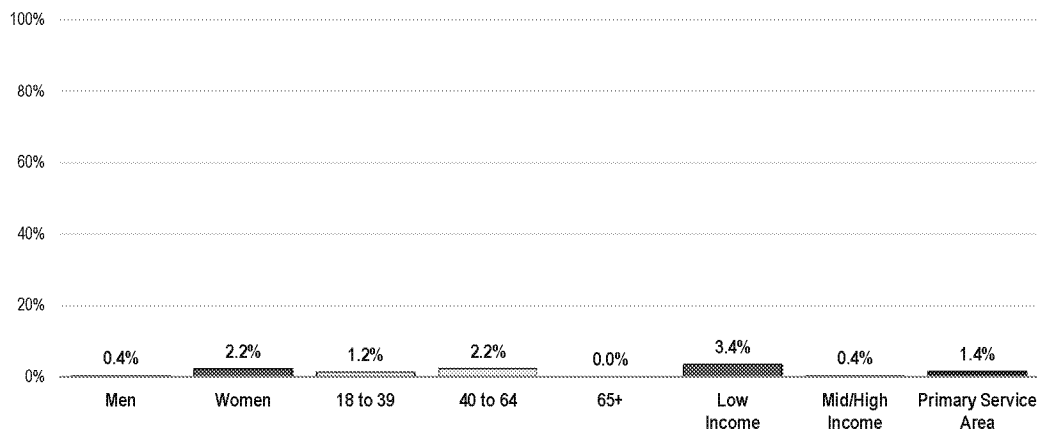
Currently Use Electronic Cigarettes (Every Day or on Some Days)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

- Electronic cigarette use is more prevalent among adults age 40 to 64.

Currently Use Electronic Cigarettes (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]

Notes: • Asked of all respondents.

- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Cigars & Smokeless Tobacco

A total of 2.6% of Primary Service Area adults use cigars every day or on some days.

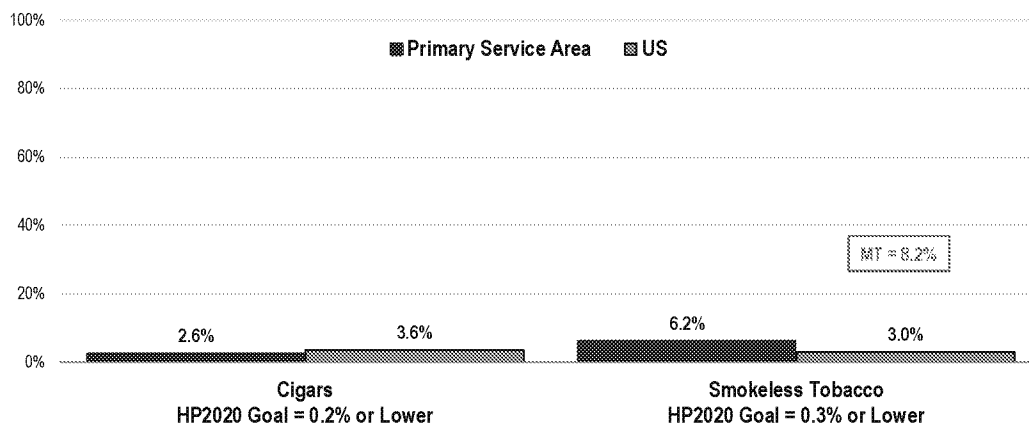
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- TREND: Marks a statistically significant decrease since 2014 (not shown).

A total of 6.2% of Primary Service Area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the state percentage.
- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- TREND: Similar to 2014 findings (not shown).

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Other Tobacco Use



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59-60]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives TU-1.2, TU-1.3]

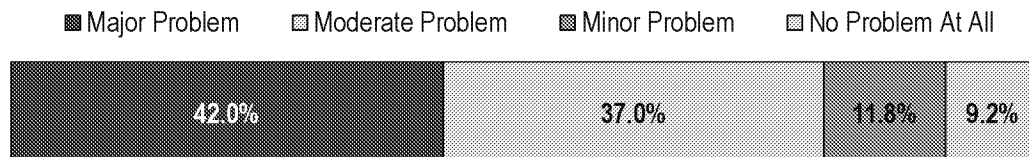
Notes:

- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco, snuff, or "snus."

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "major problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2017)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

The last time I looked, Butte-Silver Bow had a high rate of people using tobacco products. This contributes to heart disease, cancer, asthma and other serious health problems. - Social Services Provider

Many of my clients smoke tobacco, despite severe, sometimes life-threatening, respiratory disease. In my cases, this is co-morbid with mental health issues and/or severe trauma history. I would like to see more attention to dealing with trauma issues. - Community Leader

While smoking rates are decreasing, chewing tobacco is still a huge problem. Vaping is becoming a very dangerous option for experimenting with tobacco and other drugs. - Social Services Provider

Many of the high school-age kids are smoking and have a skewed view of the damage tobacco has. - Community Leader

Rates of adult and adolescent tobacco use are not declining. - Physician

High percentage of community that use tobacco, which I have seen starting at a young age. - Other Health Provider

Large amount of tobacco use in county, though this has reduced over the past several years. - Physician

It seems to be an acceptable alternative to smoking products. - Community Leader

Information received from being a member of the Board of Health. - Community Leader

Probably less now than in the past. - Community Leader

We see a high percentage of folks who smoke and use smokeless tobacco. - Other Health Provider

High incidence of smokers. - Social Services Provider

Long-term use. - Other Health Provider

Data shows high use of tobacco products in community. - Community Leader

Smoking starts at an early age and is considered somewhat socially acceptable. When I was doing youth case management, I watched over and over students at the alternative school smoking during their breaks and after school. Nothing being said about it. - Other Health Provider

Tobacco use among kids, starting at an early age. Aggressive advertising of tobacco products aimed at kids. Older population that has smoked for many years. - Social Services Provider

It is a major problem in Butte, and Montana has a high usage rate. - Social Services Provider

Tobacco use, drug use, and alcohol use are high in our community and tend to go hand-in-hand. - Social Services Provider

Large percentage of smokers - Other Health Provider

A lot of smokers in town. - Social Services Provider

Huge tobacco use in our community. - Community Leader

Physical observations. - Community Leader

A majority of the population smokes. - Other Health Provider

Co-Occurrences

Lots of oxygen use at nursing homes. Also, notice a lot of people still smoking. - Community Leader

Tobacco use, although declining, remains a significant issue because it has been around for so long and was socially accepted for many, many years. Education and prevention programs are working to curb tobacco use. - Social Services Provider

Smoking can cause many health problems. - Social Services Provider

Close to 50% of my clients have COPD and a lot of these people smoked at one time. Some still do. Some smoke with oxygen on. Tobacco interacts with mental health medications and therefore with treatment. We have many people with mental health issues. - Social Services Provider

Leads to so many preventable health conditions. Big cost to our healthcare system. - Social Services Provider

Leads to other medical issues. - Social Services Provider

Access to Tobacco

It is so readily available and is tied to other health issues like drug and alcohol use. Low or under employment, low economic status. - Community Leader

Availability. Little enforcement of sales. Chewing is still accepted over smoking, vaping. - Community Leader

Easy access. Despite the great job of education and the actual decrease in tobacco use specifically by youth, there seems to be an increase in the use of tobacco by young adults. The education and knowledge about harms of tobacco. - Social Services Provider

It is readily available and marketed to kids. - Community Leader

Poverty

There is a link between poverty and tobacco use, and Butte appears to follow the trend. You can go anywhere in town and see many people who need oxygen because of smoking-related disease. - Other Health Provider

Lower incomes. - Other Health Provider

Poverty, education. - Physician

Access to Health Services



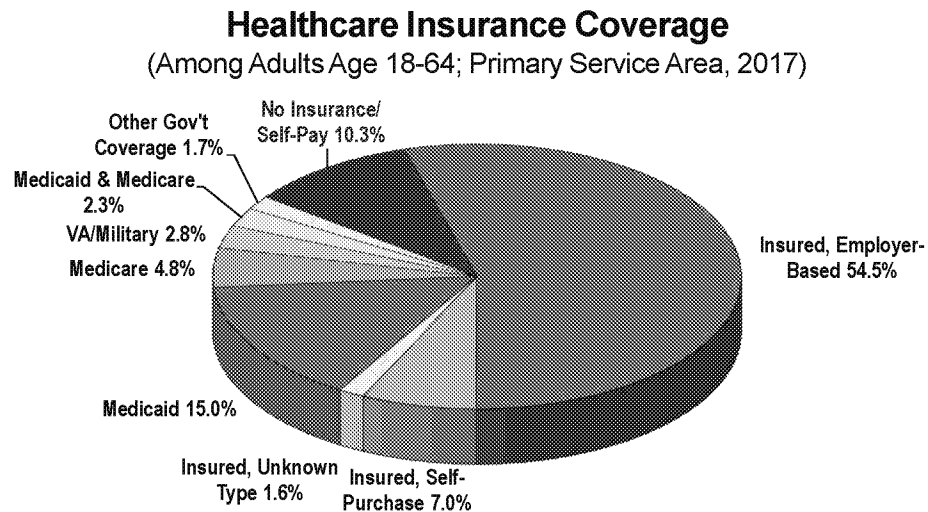
Professional Research Consultants, Inc.

Health Insurance Coverage

Type of Healthcare Coverage

A total of 63.1% of Primary Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 26.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

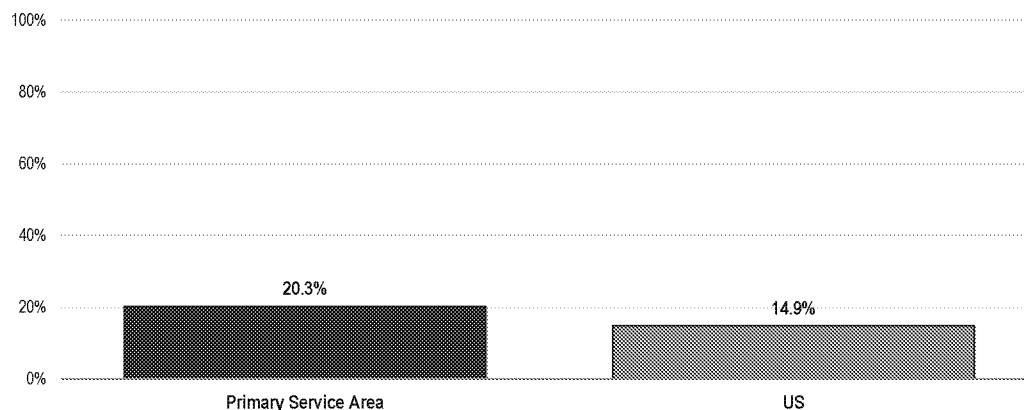


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
Notes: • Reflects respondents age 18 to 64.

A total of 20.3% of residents under 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as “Obamacare.”

- Statistically similar to the national finding.

Insurance Was Secured Under the Affordable Care Act/“Obamacare” (Insured Adults Age 18-64, By Type of Coverage)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents under 65 with private insurance or Medicaid.

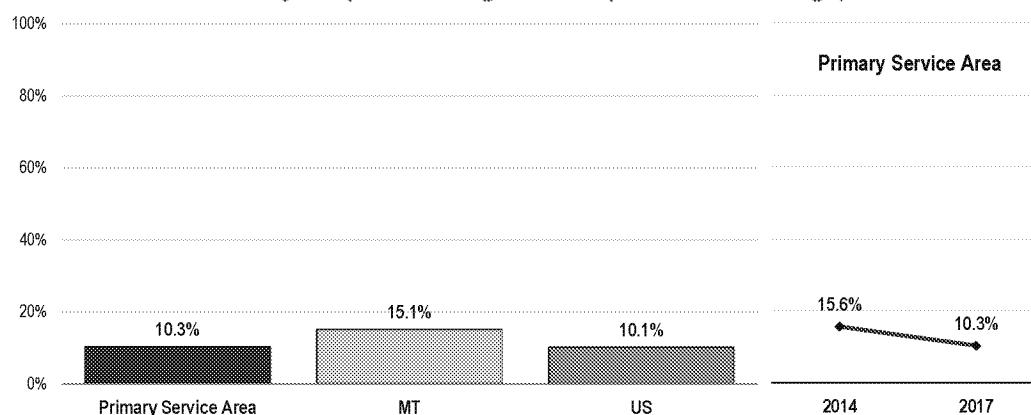
Lack of Health Insurance Coverage

Among adults age 18 to 64, 10.3% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Nearly identical to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Statistically similar to 2014 findings.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)

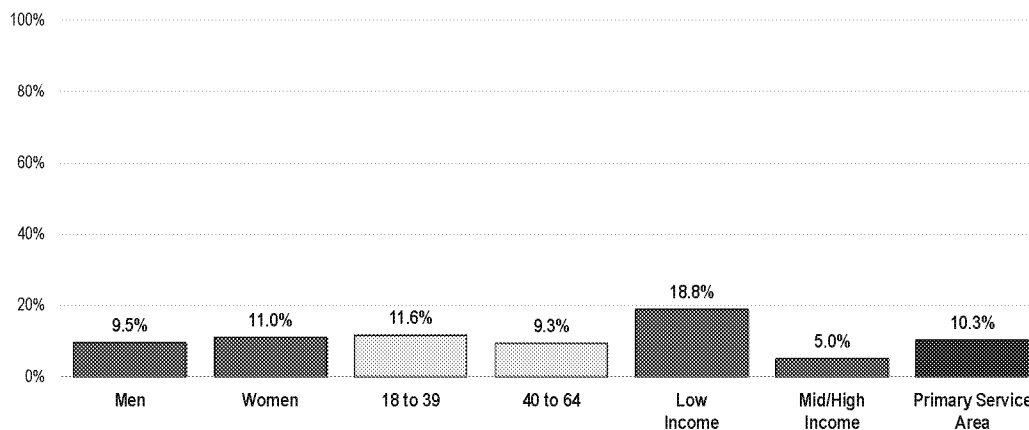


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Montana data.
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

- Residents living at lower incomes are more likely to be without healthcare insurance coverage (note the 18.8% uninsured prevalence among low-income adults).

Lack of Healthcare Insurance Coverage
 (Among Adults Age 18-64; Primary Service Area, 2017)
 Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

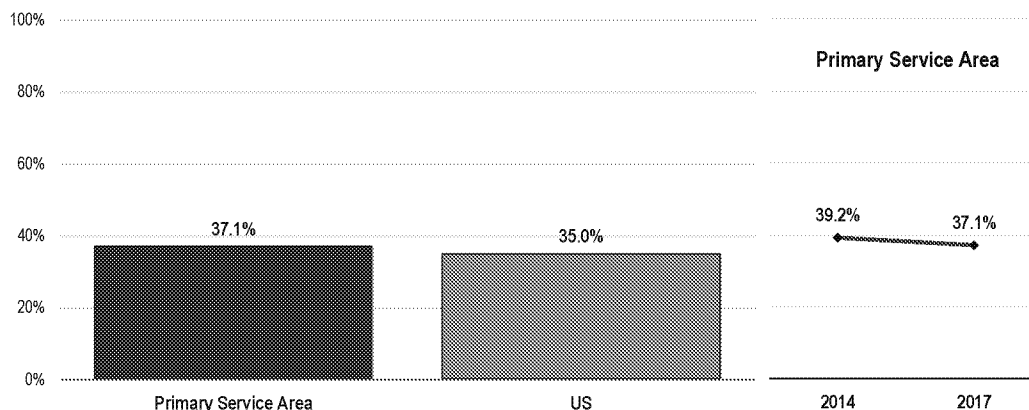
Difficulties Accessing Services

A total of 37.1% of Primary Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.
- TREND: Similar to the percentage reported in 2014.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



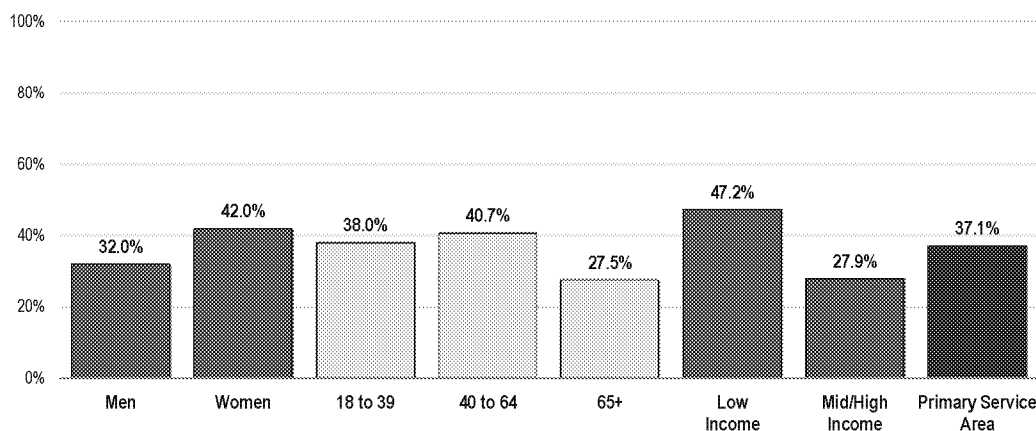
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 194]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults age 40 to 64.
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

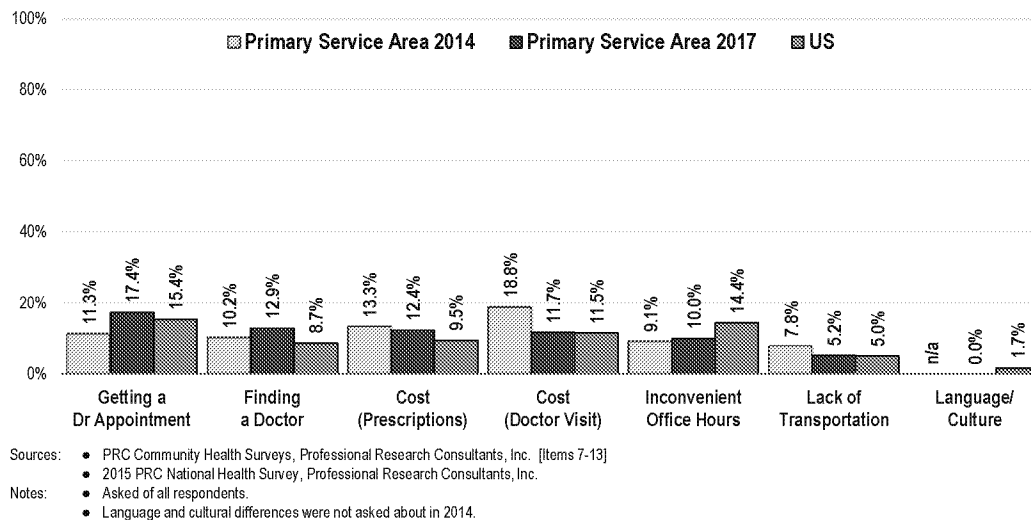
Of the tested barriers, getting an appointment to see a doctor impacted the greatest share of Primary Service Area adults (17.4% say that lack of appointment availability prevented them from obtaining a visit to a physician in the past year).

- The proportion of Primary Service Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers except for finding a physician, which was worse than the national finding.
- Over time, reports of difficulty getting a doctor's appointment have increased, whereas cost preventing a physician visit has decreased.

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

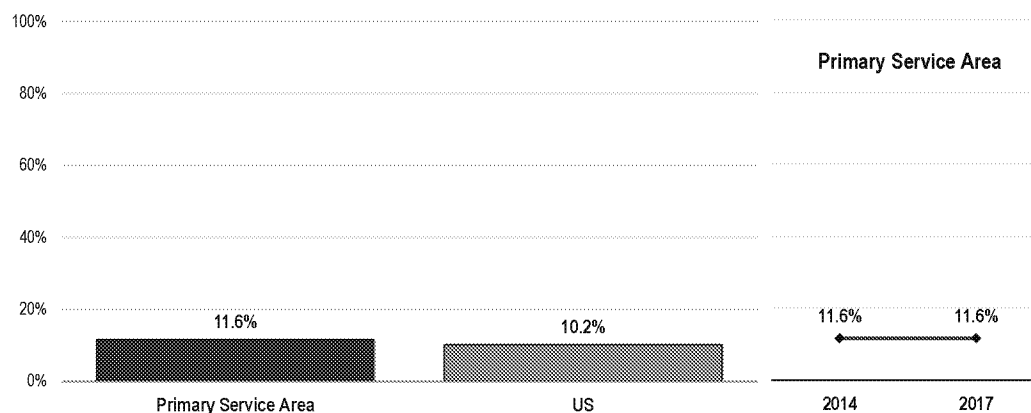


Prescriptions

Among all Primary Service Area adults, 11.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- TREND: Identical to 2014 findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

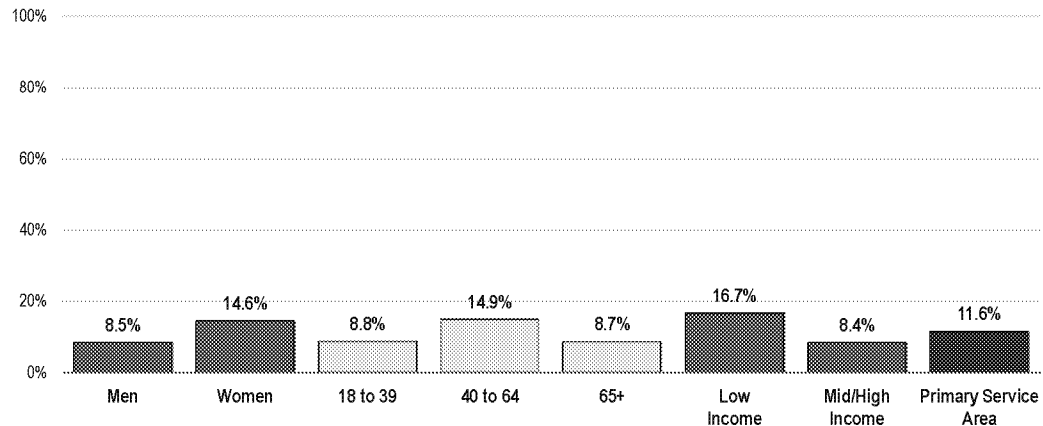


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 14]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Low-income adults are more likely to have skipped or reduced their prescription doses.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

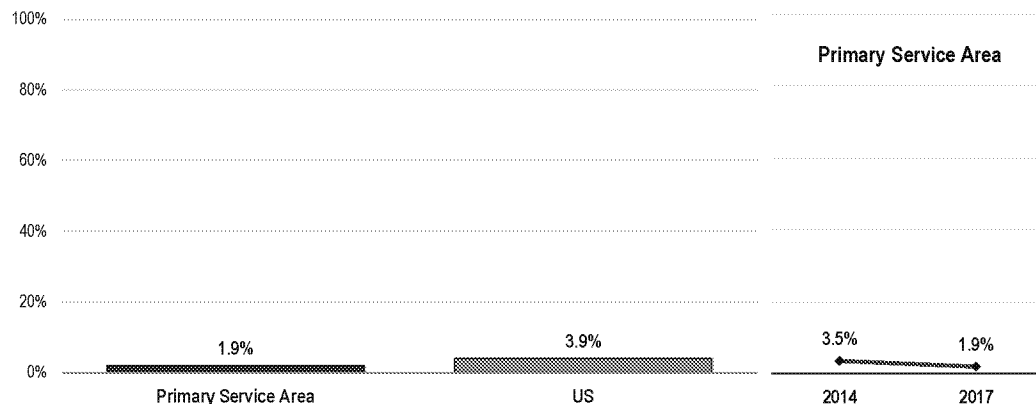
Accessing Healthcare for Children

A total of 1.9% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- TREND: Statistically unchanged since 2014.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 136-137]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

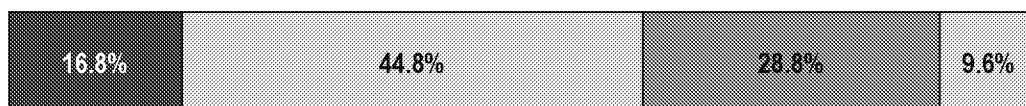
Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2017)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

We simply don't have enough primary care providers to adequately address community needs. We also continue to struggle with insurance coverage for much of our population. - Physician

I believe a major problem is the doctor shortage for those that need immediate care. Or having to wait sometimes over 30 days for a doctor's appointment for regular visits to a family practitioner. - Community Leader

The availability of all types of physicians and specialties that our community needs. - Community Leader

Not enough providers available with experience with dementia. - Social Services Provider

Shortage of physicians. Patients are forced to wait too long for necessary service and appointments. - Community Leader

Lack of family physicians, very long waiting lists to get into a new doctor. Very few pediatricians. - Social Services Provider

There are simply not enough primary care doctors. Waiting time for call backs is long. There are not enough specialists. There is bickering that leads to patients not getting collaborative care because certain providers will not consult with hospital. - Other Health Provider

Availability to physicians/specialists. - Community Leader

Getting an appointment is difficult in Butte. We have several physicians who come for a short period and then leave. - Public Health Representative

Many services are unavailable in Butte. They have moved to Anaconda or other locations. These services are inaccessible, due to poverty and poor transportation, plus the degree of difficulty in figuring out how best to get the needed services. - Community Leader

Affordable Care/Services

Lack of appropriate insurance coverage. Very high deductibles. Lack of appropriate health care (that could be on the preventive level) that is affordable to individuals or families. The state employees have Care Here networks that are very affordable. - Social Services Provider

Uninsured and underinsured people, as well as a deficit in the professional and paraprofessional fields. - Social Services Provider

Cost, lack of medical home model, people not having a primary care physician. Not having health care professionals who have expertise/training in specific issues, such as mental health. Psychiatry, specifically, as well as others. - Social Services Provider

Cost, lack of insurance, sometimes transportation, lack of education. - Community Leader

Transparency

Electronic record transparency and cost transparency for assistance in education of the patient and keeping costs down. - Physician

Vulnerable Populations

Aging and veteran populations that have housing needs, as well as medical care and transportation obstacles. - Community Leader

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified **mental health care** as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Mental Health Care	41.2%	31.3%	12.5%	14
Specialty Care	17.6%	18.8%	6.3%	7
Substance Abuse Treatment	5.9%	25.0%	12.5%	7
Chronic Disease Care	5.9%	6.3%	31.3%	7
Elder Care	5.9%	6.3%	12.5%	4
Pain Management	5.9%	0.0%	12.5%	3
Dementia and Alzheimer's Care	11.8%	0.0%	0.0%	2
Dental Care	5.9%	6.3%	0.0%	2
Primary Care	0.0%	6.3%	6.3%	2
Hospice Care	0.0%	0.0%	6.3%	1

Health Literacy

Understanding Health Information

Respondents were read:

"You can find written health information on the Internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information written in a way that is easy for you to understand?

How often is health information spoken in a way that is easy for you to understand?"

Written & Spoken Information

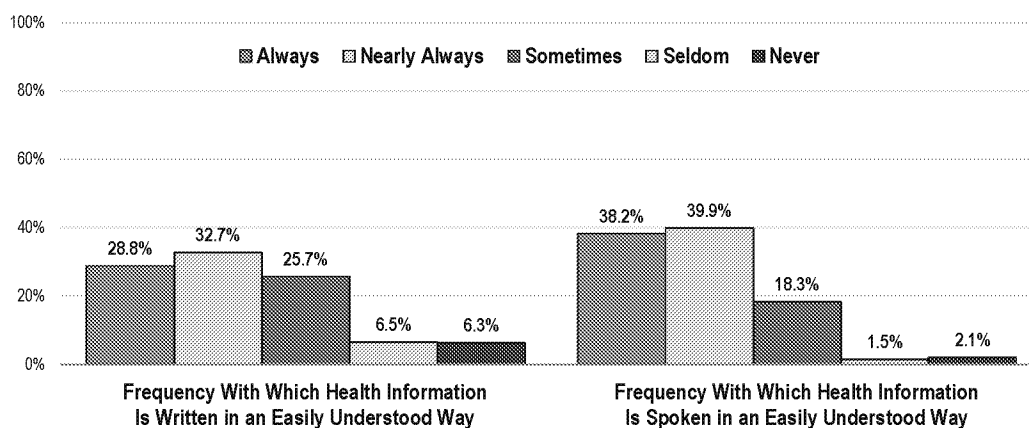
When asked about the frequency with which health information is written in an easily understood way, 61.5% of Primary Service Area adults said "always" or "nearly always."

- On the other hand, 38.5% of Primary Service Area adults consider written health information to be difficult to understand.

When asked about spoken health information, 78.1% stated that this is "always" or "nearly always" easy for them to understand.

- On the other hand, 21.9% of Primary Service Area adults consider spoken health information to be difficult to understand.

Understanding Health Information (Primary Service Area, 2017)



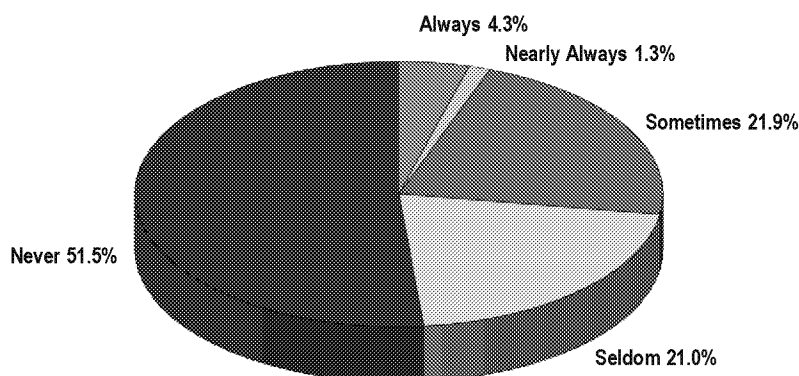
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87, 89]
Notes: • Asked of all respondents

Help Reading Health Information

A total of 72.5% of Primary Service Area adults report "seldom" or "never" needing help reading health information.

- Another 21.9% of community adults "sometimes" need someone to help them read health information.
- Note that 5.6% of residents "always" or "nearly always" need help reading health information.

Frequency of Needing Someone to Help Read Health Information (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of all respondents.

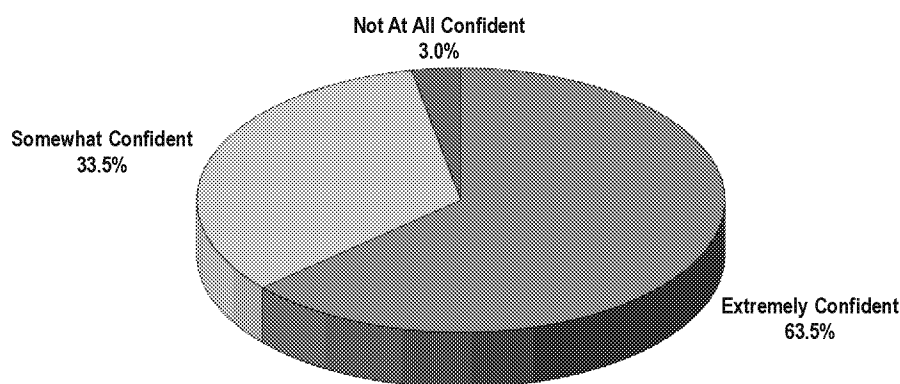
Completing Health Forms

Asked to describe their confidence in filling out health forms, most survey respondents are “extremely confident” (63.5%).

Examples of health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

- Another 33.5% of community adults are “somewhat confident” in their own ability to fill out health forms.
- However, 3.0% of respondents gave “not at all confident” ratings.

Self-Perceived Confidence in Ability to Fill Out Health Forms (Primary Service Area, 2017)



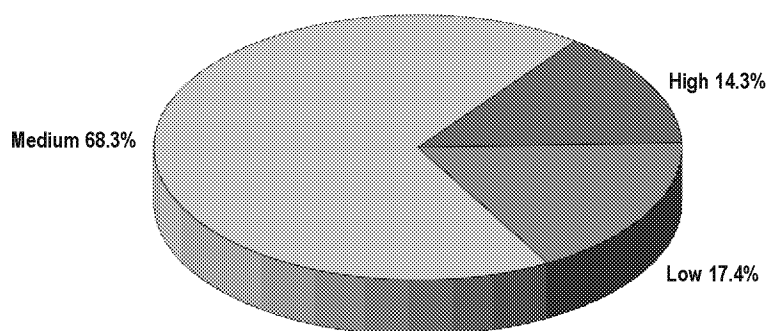
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
Notes: • Asked of all respondents.
• In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Population With Low Health Literacy

Among Primary Service Area survey respondents, 14.3% are considered to be of high health literacy, while 68.3% have medium health literacy, and the remaining 17.4% are considered to be of low health literacy.

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Level of Health Literacy (Primary Service Area, 2017)



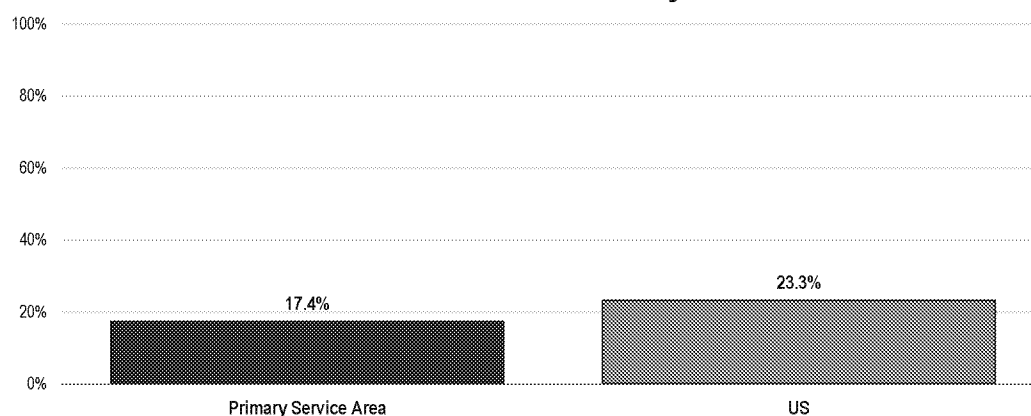
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes: • Asked of all respondents.

• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- The prevalence of Primary Service Area adults with low levels of health literacy is more favorable than the national average.

Low Health Literacy



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

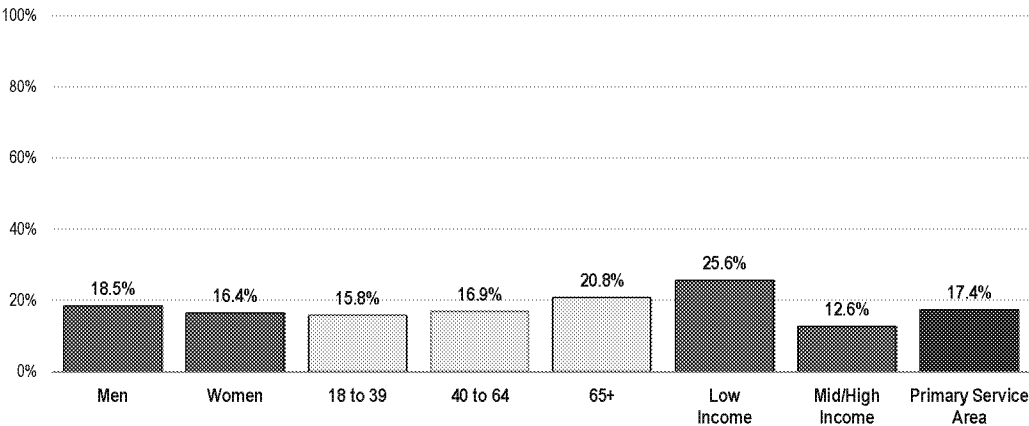
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

♦ Low-income residents are more likely to have low health literacy levels.

Low Health Literacy
(Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

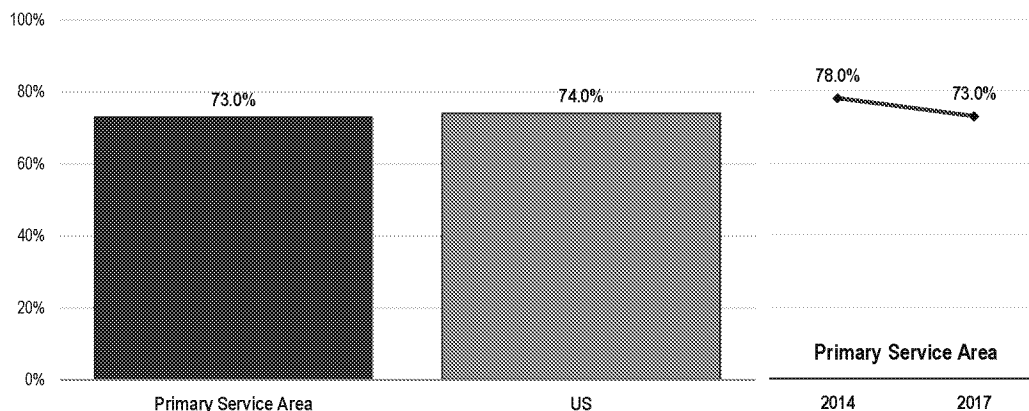
Specific Source of Ongoing Care

A total of 73.0% of Primary Service Area adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- TREND: Statistically similar to 2014 findings.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



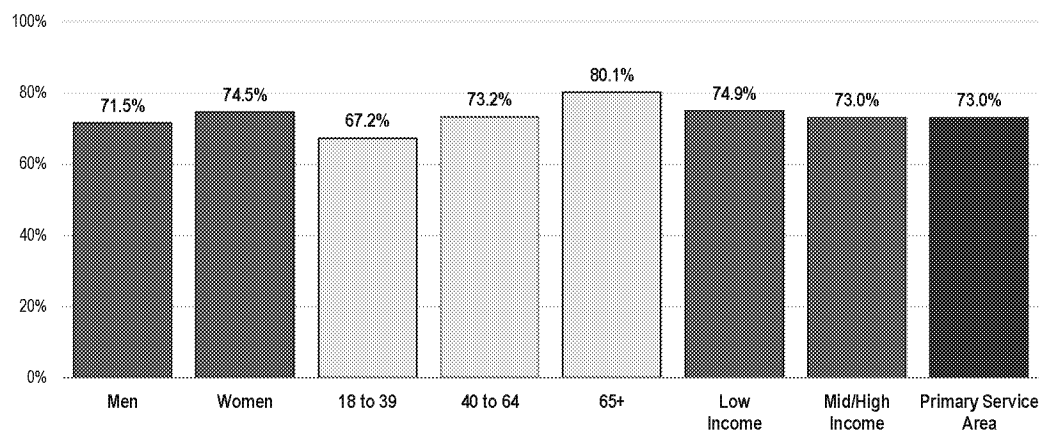
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 191]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.

- Having a specific source of ongoing care is statistically similar among the following demographic breakouts.

Have a Specific Source of Ongoing Medical Care

(Primary Service Area, 2017)

Healthy People 2020 Target = 95.0% or Higher



- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

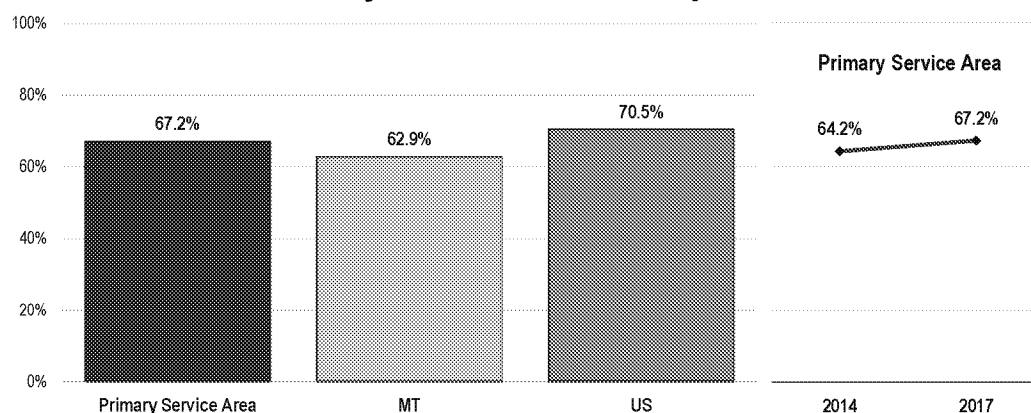
Utilization of Primary Care Services

Adults

Two-thirds of adults (67.2%) visited a physician for a routine checkup in the past year.

- Statistically comparable to state and national findings.
- TREND: Statistically unchanged since 2014.

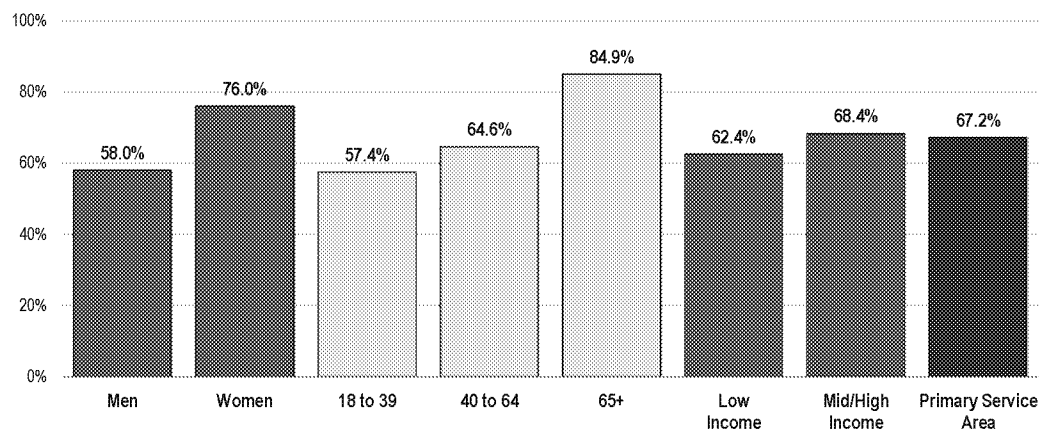
Have Visited a Physician for a Checkup in the Past Year



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 Montana data.
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

- Men and adults under age 65 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes: • Asked of all respondents.

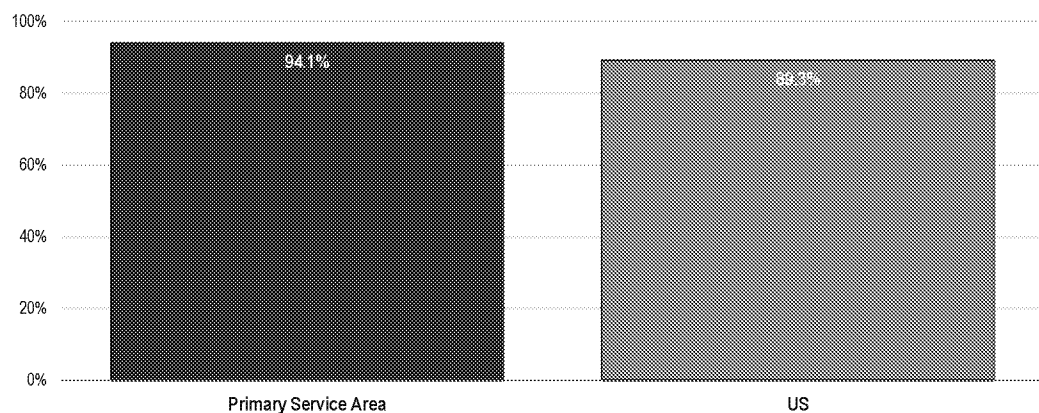
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, **94.1%** report that their child has had a routine checkup in the past year.

- Statistically similar to national findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

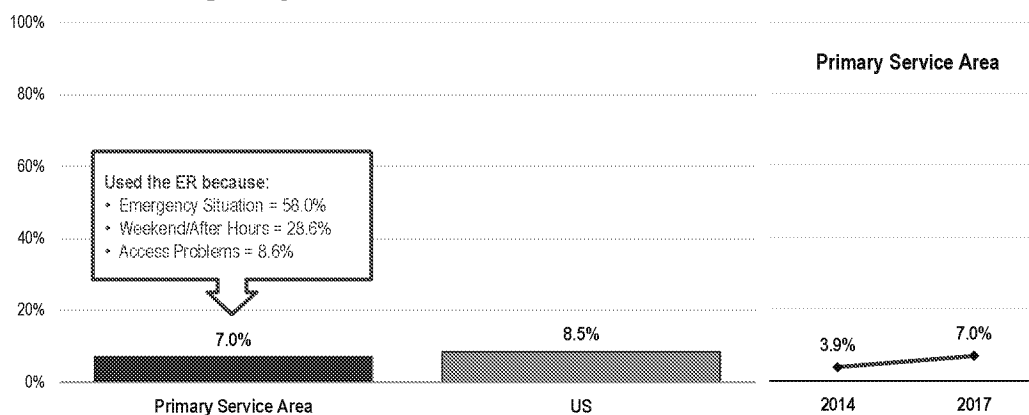
Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 7.0% of Primary Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.
- TREND: Statistically unchanged over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year



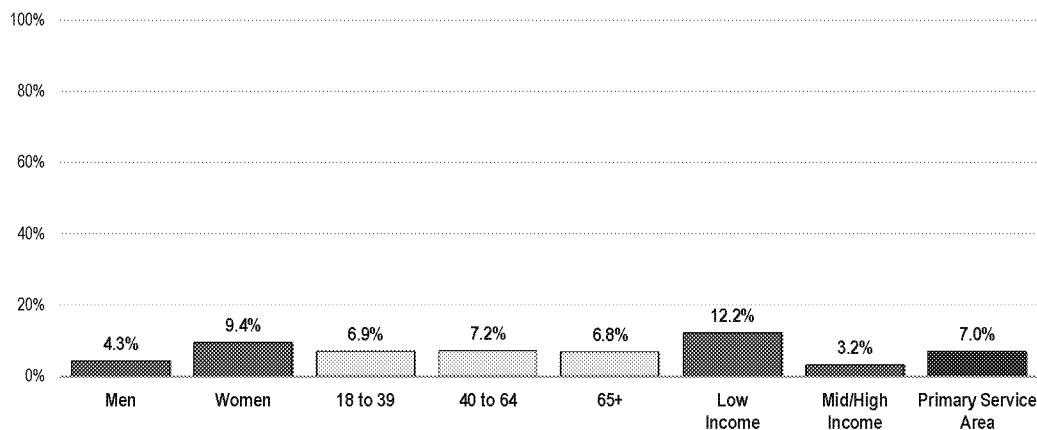
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 22-23]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Of those using a hospital ER, 58.0% say this was due to an **emergency or life-threatening situation**, while 28.6% indicated that the visit was during **after-hours or on the weekend**. A total of 8.6% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Women.
- Low-income residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Advance Directives

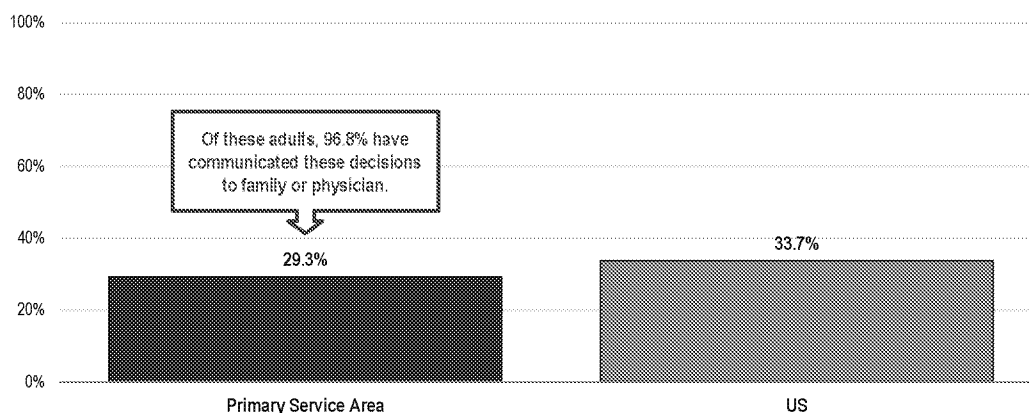
A total of 29.3% of Primary Service Area adults have completed Advance Directive documents.

An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

- The prevalence is statistically similar to the US figure.
- Of those local adults who have completed Advance Directive documents, 96.8% have communicated these decisions to family and/or a physician.

Have Completed Advance Directive Documents



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 85-86]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

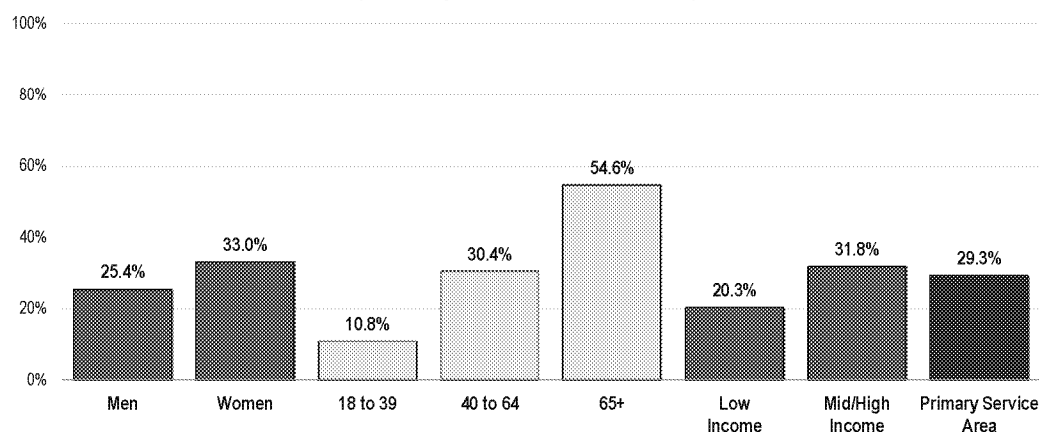
Notes: • Asked of all respondents.

• An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.

These survey respondents are less likely to have filled out Advance Directive documents:

- Younger adults.
- Individuals living at the lower income level.

Have Completed Advance Directive Documents (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]

Notes: • Asked of all respondents.

• An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

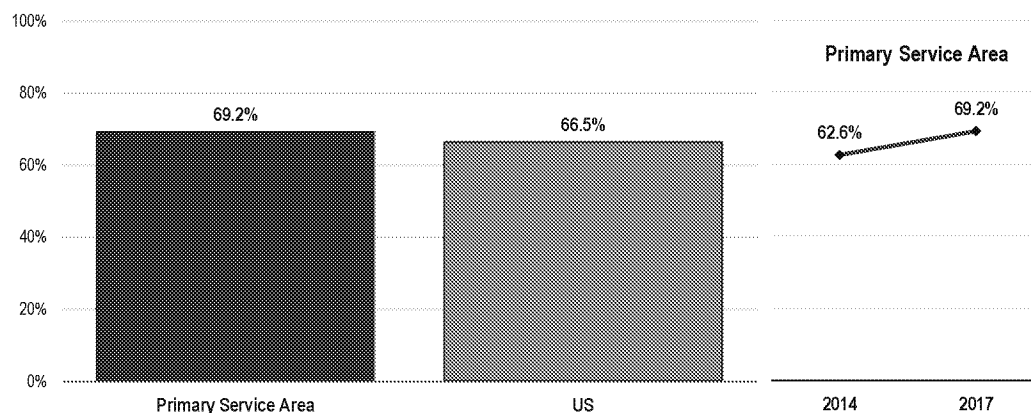
- Implementing and evaluating activities that have an impact on health behavior.
 - Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
 - Evaluating and improving methods of monitoring oral diseases and conditions.
 - Increasing the capacity of State dental health programs to provide preventive oral health services.
 - Increasing the number of community health centers with an oral health component.
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Nearly 7 in 10 Primary Service Area adults (69.2%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- TREND: The proportion of area adults with dental insurance coverage has increased significantly since 2014.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



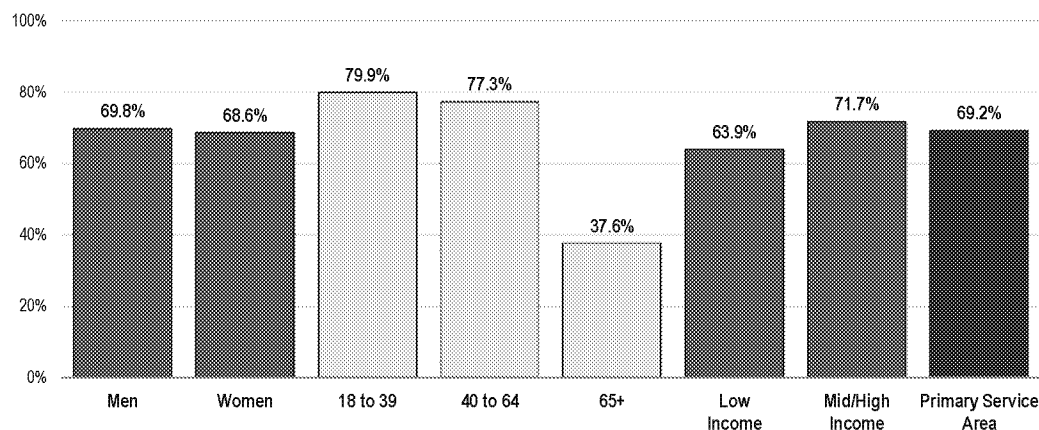
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- In the Primary Service Area, seniors (65+) are less likely to be covered by dental insurance.

Have Insurance Coverage That Pays All or Part of Dental Care Costs (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

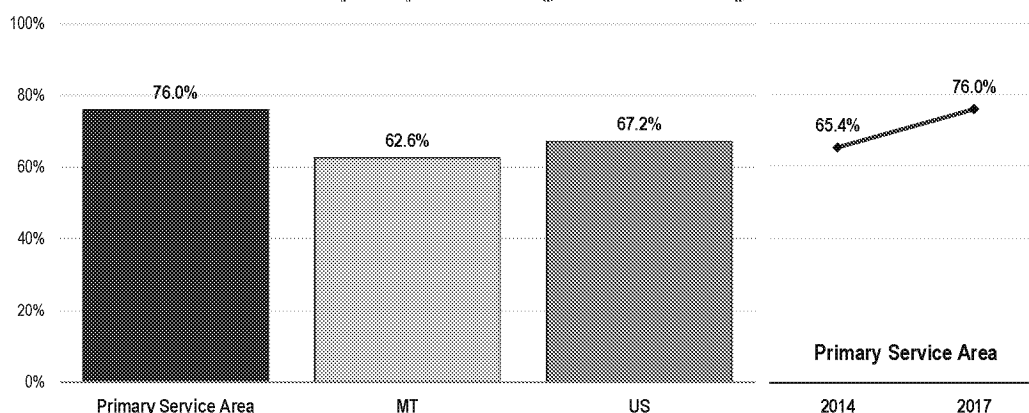
Adults

A total of 76.0% of Primary Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Higher than both statewide and national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Denotes a statistically significant increase in regular dental care since 2014.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Montana data.

Notes: • Asked of all respondents.

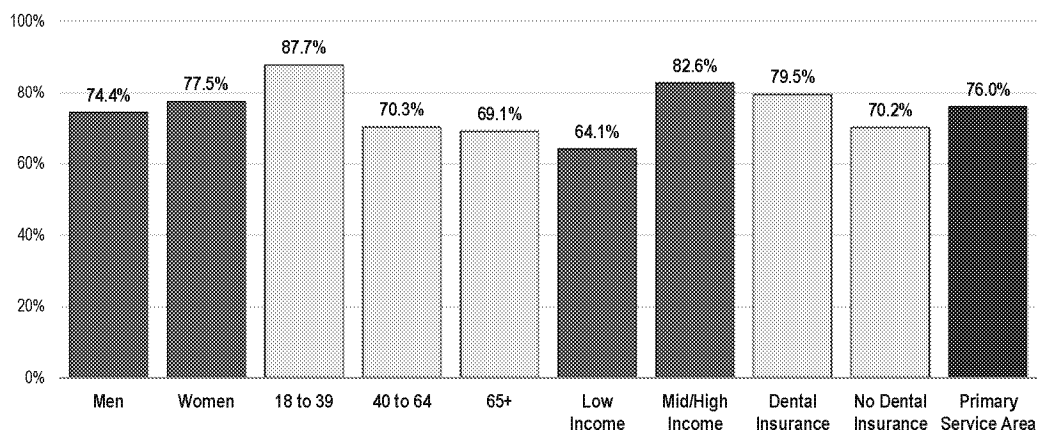
Note the following:

- Young adults are much more likely than adults age 40 and older to report recent dental care.
- Persons living in the higher income category report much higher utilization of oral health services.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Primary Service Area, 2017)

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

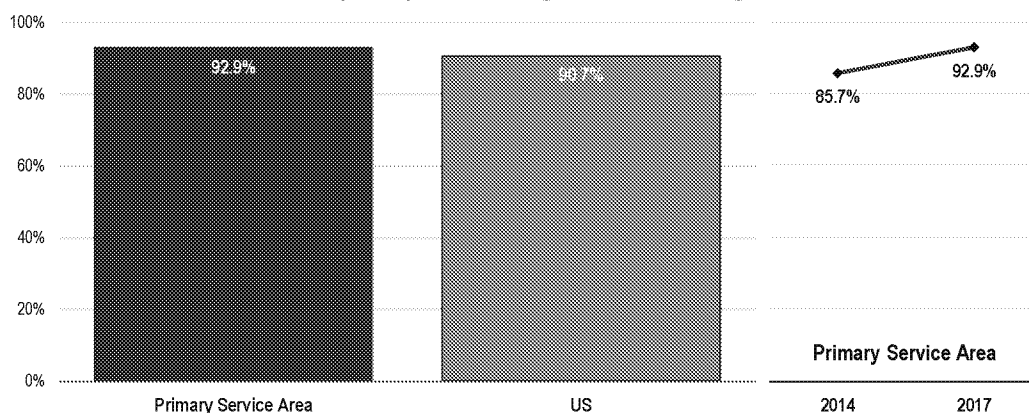
A total of 92.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically similar to 2014 findings.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



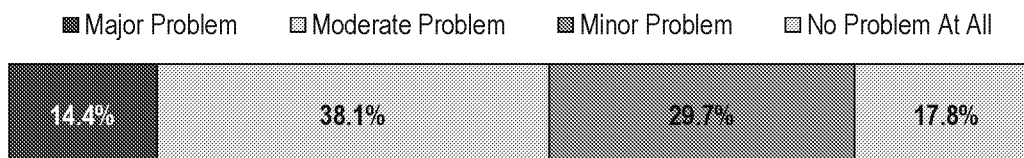
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

While the ACA helped improve access to healthcare, many people still do not have dental insurance. For this reason, there are a large number of people not getting adequate oral health care. - Social Services Provider

This is expensive and hard to access for lower income people. - Community Leader

Many do not have the ability to afford dental insurance. Medicare does not cover dental or vision. Elderly suffer. Low income families need this service. Addressing dental care can ward off other medical illness. Dental exams can be preventive. - Social Services Provider

Lack of insurance coverage - Other Health Provider

Lack of dental insurance. - Other Health Provider

This is a growing problem, due to lack of plan coverage of dental. - Social Services Provider

Social Determinants of Health

Poverty. Research has proven that poverty contributes to significant health risks. In many instances, poverty prevents people from accessing the care they need. Also, poverty leads to other social issues that contribute to health needs. - Other Health Provider

Poverty, which leads to poor health care, homelessness, poor nutrition, poor education, and other social problems that lead to serious social, legal, and health related problems. - Social Services Provider

Although it isn't technically a health issue, I feel that homelessness/near homelessness is a major problem, as this is a major social determinant of health, and those affected by it often have co-occurring health conditions. - Social Services Provider

Prevalence/Incidence

I routinely see people with extremely poor dentition. They don't recognize how this affects the rest of their physical health. And even when they do, they don't generally have the money to address their dental health. - Physician

There are a lot of people walking around with a mouth full of severe decay. Public dental services still have a significant copay for such services. Substance use also plays a large part in this problem. Infections from this type of physical healthcare. - Social Services Provider

Access to Care/Services

Long waiting lists to get into local dentists. Two to four weeks out from day after scheduling appointment. - Community Leader

Aging Population

Dental health care is really lacking in nursing homes, especially, but, also, seniors don't always care for their teeth because of the expense. - Social Services Provider

Cultural/Personal Beliefs

Oftentimes, I've seen parents that do not stress the importance of oral hygiene in their children, so they are not getting routine care. - Other Health Provider

Vision Care

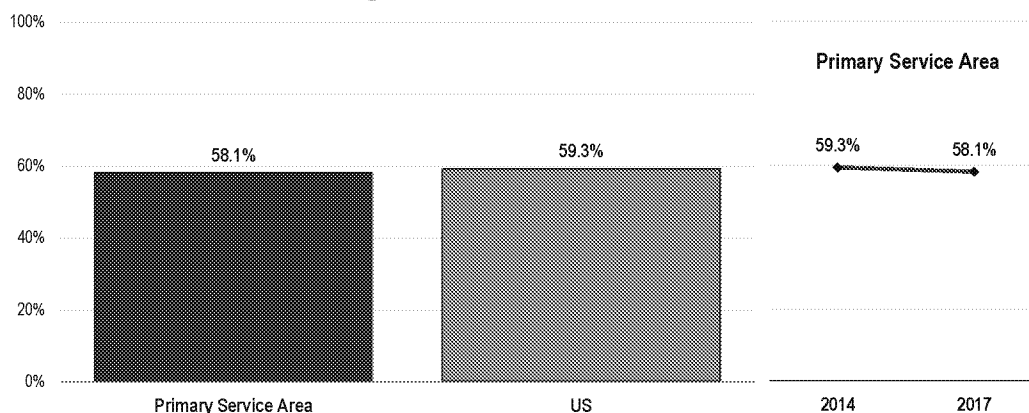
A total of 58.1% of Primary Service Area residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE

See also [Vision & Hearing in the Death, Disease & Chronic Conditions](#) section of this report.

- Comparable to national findings.
- TREND: Comparable to the 2014 survey findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



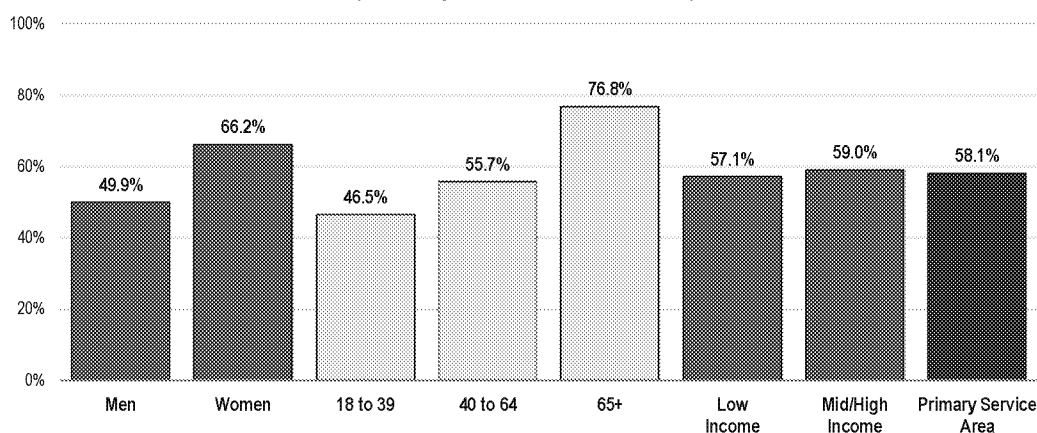
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Recent vision care in the Primary Service Area is more often reported among:

- Women.
- Seniors (note the positive correlation between age and recent eye exams).

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources



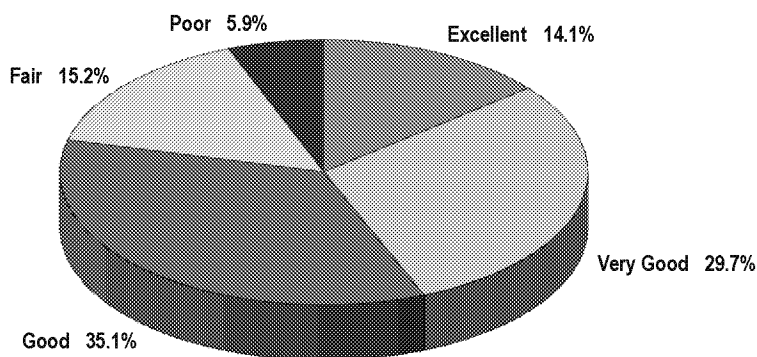
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Just over two-fifths of Primary Service Area adults (43.8%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 35.1% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community (Primary Service Area, 2017)

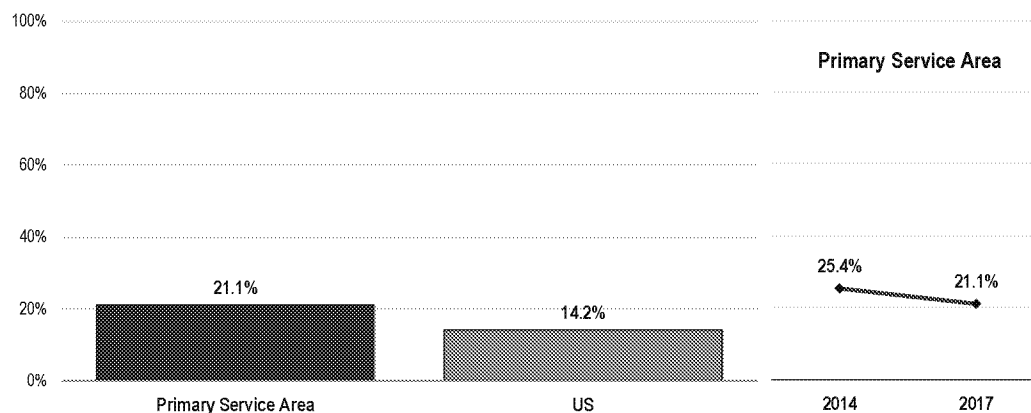


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 21.1% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- TREND: “Fair/poor” ratings are statistically unchanged since 2014.

Perceive Local Healthcare Services as “Fair/Poor”

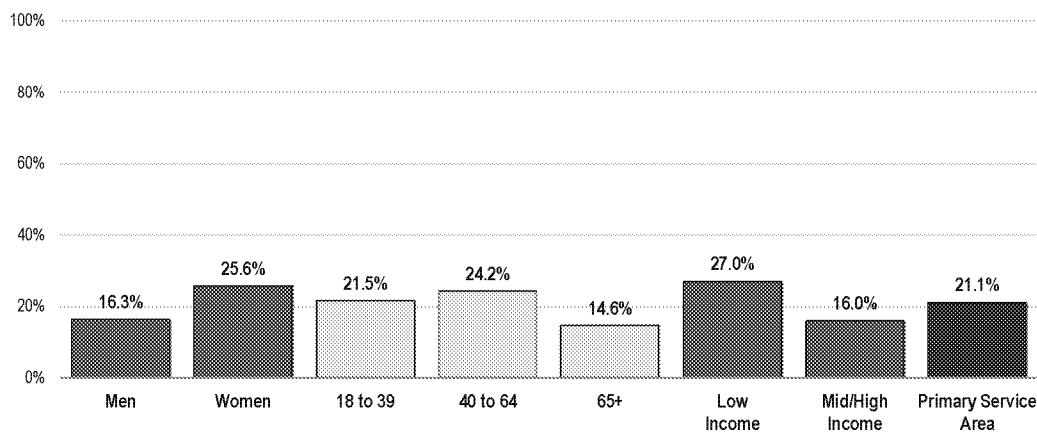


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Women.
- Adults between the ages of 40 and 64.
- Residents with lower incomes.

Perceive Local Healthcare Services as “Fair/Poor” (Primary Service Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

ACA
Aging Services
Belmont Senior Citizens Center
Butte Silver Bow Chemical Dependency
Butte Silver Bow Health Department
Care Here
Community Hospital of Anaconda
Community Mental Health
Doctor's Offices
Express Care
Home Health Care
Hospice
Indian Health Services
Medicaid Waiver
Mercury Street Medical Group
Public Health
Rocky Mountain Clinic
SMART
Southwest Montana Community Health Center
St. James Healthcare
Western Montana Mental Health Center

Arthritis, Osteoporosis & Chronic Back Conditions

Acupuncture
Arthritis Foundation of Montana
Belmont Senior Citizens Center
Community Health Center
Doctor's Offices
Lone Peak Physical Therapy
Massage Therapy
Montana Orthopedics
Orthopedic Surgery
Pain Clinic
Parks and Recreation

Physical Therapy
Rocky Mountain Clinic
Southwest Montana Community Health Center
St. James Healthcare
Stenson Physical Therapy
YMCA

Cancer

American Cancer Society
Big Sky Diagnostic Imaging
Butte Pathology
Butte Silver Bow Health Department
Cancer Center
Cancer Survivors and Thrivers of Butte Montana
Care Here
Community Hospital of Anaconda
Doctor's Offices
Environmental Protection Agency
Express Care
Health Department
Pink Ribbon Cancer Support Group
Rocky Mountain Clinic
School System
SCL Health
Southwest Montana Community Health Center
St. James Cancer Care Center
St. James Healthcare
Support Groups
Walk-a-Thon for Cancer

Chronic Kidney Disease

Dialysis Program
Rocky Mountain Clinic
St. James Healthcare

Dementias, Including Alzheimer's Disease

Adult Protective Services
Alzheimer's Association
Alzheimer's Support Groups
Assisted Living Facilities
Beehives Assisted Living
Belmont Senior Citizens Center
Big Sky Assisted Living
Community Hospital of Anaconda
Doctor's Offices
Easter Seals Hospice
Health Department
Home Health Care
Hospice
Hospitals
Marquis Vintage Suites
Medicaid Waiver
Mental Health Services
Montana Independent Living
Montana State Hospital
Nursing Homes
Personal Care Attendant Services
Rocky Mountain Hospice
Senior Center
Skilled Nursing Facilities
Southwest Montana Aging and Disability Services
St. James Healthcare
The Springs Assisted Living
Western Montana Mental Health Center

Diabetes

American Diabetes Association
Butte Silver Bow Health Department
Community Hospital of Anaconda
County Home Extension Office
Diabetes Education/Prevention
Doctor's Offices
Federally Qualified Community Health Center
FIT
Fitness Centers/Gyms
Grocery Stores
Home Health Care
Hospitals
Mercury Street Medical Group
Nutrition Services
Parks and Recreation

Physical Therapy
Restaurant Association
Rocky Mountain Clinic
School System
SCL Health
SNAP Education
Southwest Montana Community Health Center
St. James Diabetes Management
St. James Healthcare
WIC
YMCA

Family Planning

Butte 4Cs
Butte Silver Bow Health Center
Butte Silver Bow Health Department
Doctor's Offices
Federally Qualified Community Health Center
Healthy Family Network
New Hope Pregnancy Center
Public Health
Rocky Mountain Clinic
Southwest Montana Community Health Center
St. James Healthcare
Women's Clinic

Hearing & Vision

Aging and Low Vision Services
Doctor's Offices
Eye Care Facility
Montana Independent Living
Rocky Mountain Eye Care

Heart Disease & Stroke

Advertising Stroke Symptoms
Butte Silver Bow Health Department
Cardiac Rehab
Clinical Pharmacy
Doctor's Offices
Federally Qualified Community Health Center
Fitness Centers/Gyms
Heart Center
International Heart Institute of Montana
Mercury Street Medical Group
Montana Quit Line
Nursing Homes
Nutrition Services

Physical Therapy
 Public Health
 Rocky Mountain Clinic
 SCL Health
 Southwest Montana Community Health Center
 St. James Healthcare
 Support Groups
 The Springs Assisted Living
 YMCA

HIV/AIDS

Butte Silver Bow Health Department
 Community Health Center
 Doctor's Offices
 Public Health

Immunization & Infectious Diseases

Butte Silver Bow Health Department
 Care Here
 Doctor's Offices
 Mercury Street Medical Group
 Public Health
 Rocky Mountain Clinic
 School System
 Southwest Montana Community Health Center

Infant & Child Health

AWARE, Inc.
 Butte 4Cs
 Butte Silver Bow Health Department
 Child and Family Services Division
 Child Evaluation Center
 Department of Family Services
 Doctor's Offices
 Early Head Start
 Health Center
 Public Health
 Rocky Mountain Clinic
 School System
 Southwest Montana Community Health Center
 St. James Healthcare
 Welfare Department
 Western Montana Mental Health Center
 WIC
 YMCA

Injury & Violence

AA/NA

Acadia
 Action, Inc.
 Butte Silver Bow Court System
 Butte Silver Bow DUI Task Force
 Butte Silver Bow Government
 Butte Silver Bow Mental Health LAC
 Butte Silver Bow Police Department
 Butte Silver Bow Victim Advocate
 Child and Family Services Division
 Child Evaluation Center
 Child Protective Services
 Churches
 Community Action Team
 Community Counseling and Correctional Services
 Community Suicide Committee
 Crime Victims Advocates, Montana Dept of Justice
 Criminal Justice System
 Department of Public Health and Human Services
 Domestic Violence Advocates
 Domestic Violence Shelter
 Drug Court
 Express Care
 Health Department
 Law Enforcement
 Montana Chemical Dependency Center
 Rocky Mountain Clinic
 Safe Space
 School System
 Southwest Montana Community Health Center
 St. James Healthcare
 Support Hotlines
 Unemployment Division
 Victim Advocate
 Victims Witness Advocate Program
 Western Montana Mental Health Center

Mental Health

3 Rivers
 Acadia
 Action, Inc.
 Altacare
 AWARE, Inc.
 Butte Children's Mental Health Committee
 Butte Ministerial Association
 Butte Public Housing Authority

Butte Rescue Mission
 Butte School District
 Butte Silver Bow Health Department
 Butte Silver Bow Mental Health LAC
 Churches
 Civic Organizations
 Community Action Team
 Community Hospital of Anaconda
 Community Mental Health
 Community Support
 Crisis Intervention Team
 CSCT
 Doctor's Offices
 Emergency Responders
 Government
 Hayes Morris House
 Human Resources Development Council (HRDC)
 Kid's Behavioral Health
 Mental Health Clinic
 Mental Health Services
 Montana Chemical Dependency Center
 Montana State Hospital
 Montana Telepsych Solutions
 North American Indian Alliance
 Rescue Mission
 Rocky Mountain Clinic
 School System
 Shodair Children's Hospital
 Silver House
 Southwest Montana Addiction Recovery Treatment (SMART) Program
 Southwest Montana Community Health Center
 Southwest Montana Mental Health
 St. James Healthcare
 Suicide Hotlines
 Suicide Prevention Committee
 Suicide Prevention Community Coalition
 Western Montana Mental Health Center
 Women's Resource Center
 Youth Dynamics (YDI)

Nutrition, Physical Activity & Weight

Bountiful Baskets
 Butte 4Cs
 Butte School District
 Butte Silver Bow Health Department
 Butte Walk and Roll
 Civic Organizations

Community Health Center
 Cross Fit
 Diabetes Education/Prevention
 Doctor's Offices
 Federally Qualified Community Health Center
 FitKids360
 Fitness Centers/Gyms
 Fuel Fitness
 Grocery Stores
 Gym Dandy
 Home Extension Service
 Ida's Pre-Diabetes Program
 Kid's Coalition
 Library
 National Center for Appropriate Technology
 Nutrition Services
 Parks and Recreation
 School System
 SCL Health
 SNAP Education
 Southwest Montana Community Health Center
 St. James Diabetes Management
 St. James Healthcare
 Walk With Ease
 Weight Watchers
 WIC
 YMCA

Oral Health

Community Health Dentistry
 Dentist's Offices
 Doctor's Offices
 Federally Qualified Community Health Center
 Oral Health Connection
 Southwest Montana Community Health Center

Respiratory Diseases

Air Quality/Warnings
 Butte Silver Bow Health Department
 Cardiac Rehab
 Doctor's Offices
 Environmental Protection Agency
 Heavenly Hope Drop-In Center
 Mercury Street Medical Group
 Montana Quit Line
 Oxygen Suppliers

Rocky Mountain Clinic
 Southwest Montana Community Health Center
 St. James Healthcare
 YMCA

Sexually Transmitted Diseases

Butte Silver Bow Health Department
 Doctor's Offices
 Family Planning
 Health Department
 Public Health
 School System
 Southwest Montana Community Health Center
 St. James Healthcare
 Urgent Care

Substance Abuse

AA/NA
 Acadia
 Addiction Counselors
 Alano Club
 AWARE, Inc.
 Butte Cares Inc.
 Butte Family Drug Court
 Butte School District
 Butte Silver Bow Chemical Dependency
 Butte Silver Bow Drug Court
 Butte Silver Bow Government
 Butte Silver Bow Health Department
 Butte Silver Bow LED
 Butte Silver Bow Mental Health LAC
 Butte Silver Bow Police Department
 Chemical Dependency Inpatient
 Churches
 Community Counseling and Correctional Services
 Compass Professional Services
 Connections Corrections
 Copper Ridge Treatment Center
 Crisis Hot Line
 Doctor's Offices
 Drug Court
 Drug Rehab Butte
 Family Drug Court
 Hayes Morris House
 Heavenly Hope Drop-In Center
 Hospitals
 Human Resources Development Council (HRDC)

Law Enforcement
 Mariah's Challenge
 Mental Health Clinic
 Montana Chemical Dependency Center (MCDC)
 Montana Meth Project
 North American Indian Alliance
 Private LACS
 Public Health
 Recovery Center
 Recovery House
 Red Ribbon Week
 Rescue Mission
 Rimrock Foundation
 School System
 Southwest Montana Addiction Recovery Treatment (SMART) Program
 Southwest Chemical Dependency
 Southwest Montana Community Health Center
 St. James Healthcare
 START
 State of Montana
 Substance Abuse Counselors
 Watch Program
 Western Montana Mental Health Center

Tobacco Use

Butte Cares Inc.
 Butte Silver Bow Health Department
 Butte Silver Bow Tobacco Coalition
 Churches
 Civic Organizations
 Doctor's Offices
 Federally Qualified Community Health Center
 Heavenly Hope Drop-In Center
 Medical Community
 Montana Help Line
 Montana Quit Line
 Physicians Association
 Public Health
 Rocky Mountain Clinic
 School System
 Southwest Montana Community Health Center
 St. James Healthcare
 Support Hotlines
 Western Montana Mental Health Center
 YMCA

Appendix



Professional Research Consultants, Inc.

Evaluation of Past Activities

Three years ago, St. James Healthcare and the Butte-Silver Bow Health Department released a 2014 Community Health Needs Assessment that detailed a variety of health needs in the community. Ranking at the top of those needs were mental health; tobacco use prevention; and a need related to nutrition, physical activity, and obesity.

Out of that assessment, many organizations and agencies collaborated to address those prioritized needs. This was done through an official Community Health Improvement Implementation Plan. Over the past three years, much work has been accomplished through Action Teams made up of staff from many of the organizations that were part of the online focus groups..

Above all the health needs highlighted in the assessment, needs related to mental health loomed largest. At about the same time the assessment was released to the public, youth in Butte-Silver Bow were dying by suicide. A suicide prevention committee was formed and that committee has evolved into a multi-agency entity called the Community Action Team (CAT), which strives to make Butte healthier. Working on issues related to mental illness and mental health has remained core to CAT's mission.

Currently, CAT is working on making Butte a more trauma-informed community so that our residents understand that early childhood trauma affects children for the rest of their lives, including the potential to shorten their life spans. These early childhood traumas include abuse, neglect, witnessing a parent being abused, being separated from a parent, and a variety of other childhood tragedies. CAT believes that if residents understand the impact of early childhood trauma, we can work collectively to prevent it – and prevent what happens to a community when traumatized children grow into adulthood.

Butte School District No. 1 has done tremendous work over the past three years, developing a multi-tiered system of behavioral and emotional supports for students. This includes introducing the PAX Good Behavior Game in grades 1 through 6 and the Signs of Suicide program for sophomores. The district has also established the Olweus Bullying Prevention Program and is facilitating the free Youth Mental Health First Aid class for anyone requesting the session.

The county of Butte-Silver Bow also has formalized a Mental Health Local Advisory Council. A majority of this council's members is comprised of people with the lived experience of mental illness or a family member with lived experience. The LAC works to ensure that the input of people with lived experience is heard in relation to how mental health systems and supports are designed.

St. James has established a "safe area" in which a licensed counselor is available for mentally ill or drug-abusing patients coming through the emergency department. St. James also funds the crisis line at Western Montana Mental Health Center.

Many other organizations also have been involved in the mental health issue. Montana Tech of the University of Montana, has established a strong campus-wide suicide prevention program. Western Montana Mental Health Center has instructed the majority of the county's Law Enforcement Division in crisis intervention.

In regard to tobacco use prevention, St. James provides smoking cessation materials to all its patients who use tobacco and when these patients are discharged, they are referred to the Montana Quit Line, which provides a variety of free services. The Health Department recently formed a coalition to combat tobacco use. A long-range goal is to make the city's parks tobacco-free and to recruit community ambassadors who can help encourage our youth who use tobacco to quit.

The Health Department has established the Chronic Disease Self-Management Program, which teaches chronically ill people how to better manage their illness (active mobility is a huge asset for chronically ill people). The Health Department also established the Walk With Ease program, which prompts people to walk regardless of their fitness level.

St. James led the effort to develop a coalition focused on children, The Kids' Coalition. The ultimate goal of this coalition is to ensure that all children in the community, regardless of their ability to pay, have the opportunity to participate in activities that will help them stay healthy.

This coalition has developed a youth activity pamphlet that includes all the summer camps and activities along with a list of all clubs, organizations, etc., available to youngsters within the community and contact information (names and phone numbers) for each. Over the past two years, St. James is instrumental in getting 4,500 of these pamphlets printed, and the coalition distributes the pamphlets to all children in the local schools right before summer vacation begins. Currently, the coalition is planning a Fall Kids' Activity Day, where, in addition to fun activities, members of the coalition and clubs and organizations will be available to answer questions for parents.

In addition, St. James offers FitKids 360, a program focused on healthy living, twice a year to families who have overweight children. The 7-week family program is free to participants and helps teach the families about good nutrition and exercise. This is a "hands-on" program where families learn to cook healthy meals and have an opportunity to try different kinds of exercise programs. The St. James Foundation pays for taxi service or gas for families who lack the means to get to the classes.